SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001943 (9)

1. Corporation Name
MIAMI BEACH DENTAL SOCIETY, INC.

Principal Place of Business
~~910~~ 925 ARTHUR GODFREY ROAD
SUITE ~~[illegible]~~ 207
MIAMI BEACH FL 33140

Mailing Address
~~910~~ 925 ARTHUR GODFREY ROAD
SUITE ~~[illegible]~~ 207
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 925 Arthur Godfrey Rd
22 Suite, Apt. #, etc.: # 207
23 City & State: Miami Beach FL
24 Zip: 33140
25 Country: Dade

2a. Mailing Address
26 925 Arthur Godfrey Rd
27 Suite, Apt. #, etc.: # 207
28 City & State: Miami Beach FL
29 Zip: 33140
30 Country: Dade

9. Name and Address of Current Registered Agent

MAUTNER, RICHARD
925 ARTHUR GODFREY ROAD
#207
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] Richard Mautner 7/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BISTRITZ, JEROME
STREET ADDRESS	4300 ALTON ROAD
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	D
NAME	PAYTON, KEVIN
STREET ADDRESS	975 ARTHUR GODFREY RD. #204
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	D
NAME	OPPENHEIMER, STEVEN
STREET ADDRESS	925 ARTHUR GODFREY RD #207
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	D
NAME	MAUTNER, RICHARD
STREET ADDRESS	925 ARTHUR GODFREY RD #207
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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