

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000001943 (9)

1. Corporation Name

MIAMI BEACH DENTAL SOCIETY, INC.

Principal Place of Business

Mailing Address

925 ARTHUR GODFREY RD  
STE 300  
MIAMI BEACH FL 33140  
US Beach

925 ARTHUR GODFREY RD  
STE 300  
MIAMI BEACH FL 33140  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/19/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0599239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 925 Arthur Godfrey Rd  
Suite, Apt. #, etc.  
22 300

26 925 Arthur Godfrey Rd  
Suite, Apt. #, etc.  
27 300

23 City & State  
Miami Beach, FL

28 City & State  
Miami Beach, FL

24 Zip  
33140

25 Country  
Dade

29 Zip  
33140

30 Country  
Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name No Change
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME MARCONI, FRED JR  
STREET ADDRESS 925 ARTHUR GODFREY RD, #207  
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE PD  
1.2 NAME MARCONI, Fred Jr  
1.3 STREET ADDRESS 925 Arthur Godfrey Rd #300  
1.4 CITY-ST-ZIP Miami Beach, FL 33140

TITLE D  
NAME EDDERAI, JEAN JACQUES  
STREET ADDRESS 1701 NW 19 AVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

2.1 TITLE TD  
2.2 NAME Eddeai, Jean Jacques  
2.3 STREET ADDRESS 1701 NW 19th Ave  
2.4 CITY-ST-ZIP North Miami Beach, FL 33162

TITLE PD  
NAME OPPENHEIMER, STEVEN  
STREET ADDRESS 925 ARTHUR GODFREY RD #207  
CITY-ST-ZIP MIAMI BEACH FL 33140

3.1 TITLE VPD  
3.2 NAME Dr. Jack Soutar  
3.3 STREET ADDRESS 660 N.E. 95th Street  
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33138

TITLE TD  
NAME BERGER, RICHARD L  
STREET ADDRESS 7401 SW 19 ST  
CITY-ST-ZIP PLANTATION FL 33317

4.1 TITLE SD  
4.2 NAME Dr. Victor Sabo  
4.3 STREET ADDRESS 960 Arthur Godfrey Rd  
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (4/97)