

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 SUITE 300
MIAMI BEACH FL 33140 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
04/19/1994
4. FEI Number 65-0599239
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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, 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	PD	DELETE		1.1 TITLE	Change	Addition	
NAME	MARCONI, FRED JR			1.2 NAME			
STREET ADDRESS	925 ARTHUR GODFREY RD., #300			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	TD	DELETE		2.1 TITLE	Change	Addition	
NAME	EDDERAI, JEAN JACQUES			2.2 NAME			
STREET ADDRESS	1701 NW 19 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	VPD	DELETE		3.1 TITLE	Change	Addition	
NAME	SOUTAR, DR. JACK			3.2 NAME			
STREET ADDRESS	880 NE 95TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL			3.4 CITY-ST-ZIP			
TITLE	SD	DELETE		4.1 TITLE	Change	Addition	
NAME	SABO, DR. VICTOR			4.2 NAME			
STREET ADDRESS	960 ARTHUR GODFREY RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE 1-30-98 (305) 672-2260.

CR2E037 (10/97)