

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000000249 (1)

1. Corporation Name
DENTAL INSURANCE CONSULTANTS, INC.

Principal Place of Business

8421 S.W. 114TH ST.
MIAMI FL 33156
US

Mailing Address

8421 S.W. 114TH STREET
MIAMI FL 33156-4330
US



3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0383593

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DATRAN CORPORATE AGENTS, INC.
2801 S BAYSHORE DR
PENTHOUSE 1-B
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Henry C. Tie Shue

82 Street Address (P.O. Box Number is Not Acceptable)

5775 Blue Lagoon Drive

83 Suite 400

84 City

Miami

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 607.002 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Henry C. Tie Shue
Signature of corporation's registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SHAPIRO, STANLEY I
STREET ADDRESS 8421 SW 114TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME SHAPIRO, CAROL E
STREET ADDRESS 8421 SW 114TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/Director ☐ Change ☒ Addition

1.2 NAME Tie Shue, Henry C.

1.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

1.4 CITY-ST-ZIP Miami, FL 33126

2.1 TITLE CDP/Pres./Director ☐ Change ☒ Addition

2.2 NAME Shapiro, Stanley I.

2.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

2.4 CITY-ST-ZIP Miami, FL 33126

3.1 TITLE COO/Director ☐ Change ☒ Addition

3.2 NAME Levine, Howard

3.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

3.4 CITY-ST-ZIP Miami, FL 33126

4.1 TITLE Secretary/Director ☐ Change ☒ Addition

4.2 NAME Hilinski, Scott F.

4.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

4.4 CITY-ST-ZIP Miami, FL 33126

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Henry C. Tie Shue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)