

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90019 036 ***150.00

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1. Corporation Name

DENTAL INSURANCE CONSULTANTS, INC.

Principal Place of Business

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US

Mailing Address

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

65-0383593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TIE SHUE, HENRY C
5775 BLUE LAGOON DR
SUITE 400
MIAMI FL 33126

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 607.0502 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

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 CD
NAME TIE SHUE, HENRY C
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE PCEO
NAME SHAPIRO, STANLEY I
STREET ADDRESS 5775 BLUE LAGOON DR SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE VCD
NAME LEVINE, HOWARD
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE S
NAME BERMAN, MARLA I.
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE D
NAME GORMAN, MICHAEL A.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02903

TITLE D
NAME HILINSKI, SCOTT F.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEOPD
1.2 NAME Shapiro, Stanley I.
1.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400
1.4 CITY-ST-ZIP Miami, FL 33126

2.1 TITLE D
2.2 NAME Breier, Robert G.
2.3 STREET ADDRESS 2800 Ponce De Leon Blvd., Suite 1125
2.4 CITY-ST-ZIP Coral Gables, FL 33134-6912

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley I. Shapiro, President

Date

Daytime Phone #

(305) 262-1333

CR2E034 (11/98)