

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000002119

1. Corporation Name
DSPINA DENTAL CORPORATION

Principal Place of Business Mailing Address
**351 NW LE JENNE RD, SUITE 305
MIAMI FL 33126**

FILED
95 FEB 16 AM 9:05
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

000001412380
-02/22/95--01023--006

DO NOT WRITE SPHERE \$200.00

3. Date Incorporated or Qualified **1-11-93** 3a. Date of Last Report

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

4. FEI Number **65-0379442** Applied For Not Applicable

5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent

**Gloria A Ospina
9776 NW 46th Terr
Miami, FL 33176**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 of applicant)

NOTE: Registered Agent signatures required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	President
NAME	Gloria A Ospina
STREET ADDRESS	9776 NW 46 Terr
CITY - ST - ZIP	MIA FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	V.P. SECRETARY
23 STREET ADDRESS	GIMCARLO MEDINA
24 CITY - ST - ZIP	9776 NW 46th Terr
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110 (9)(3)(b), 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 its 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 or Block 14, or on an attached sheet with an original.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

2/7/95 (305) 541-6678

P93000002119

Ospina Dental Corporation
(Requestor's Name)

351 NW Lejeune Rd, #305
(Address)

Miami, FL 33126
(City, State, Zip) (Phone #)

200001412382
-02/22/95--01023--006
*****243.75 *****43.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 FEB 16 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Corporation
Linda*
CR28031(10/92)

Examiner's Initials _____

A M E N D M E N T

OSPINA DENTAL CORPORATION

AFTER A STOCKHOLDER MEETING HELD ON JANUARY 7TH 1995 IT WAS RESOLVED THAT THE CORPORATE NAME AS REGISTERED NOW, "OSPINA DENTAL CORPORATION", SHALL BE AMENDED TO READ:

LE JEUNE DENTAL CARE, INC.

THIS NAME SHALL BE REGISTER WITH THE FLORIDA SECRETARY OF STATE.

ARTICLE III

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 351 N.W. LE JEUNE RD., SUITE 305, MIAMI FL 33126.

THE ARTICLE V SHOULD READ:

THE OFFICERS OF THE CORPORATION SHALL BE:

GLORIA OSPINA PRESIDENT, TREASURER
9776 NW 46TH TERR, MIAMI FLORIDA 33176

GIANCARLO MEDINA V. PRESIDENT, SECRETARY
9776 NW 46TH TERR, MIAMI FLORIDA 33176



GIANCARLO MEDINA

FILED
95 FEB 16 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

THE FORGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 6TH DAY OF FEBRUARY 1995 BY GIANCARLOS MEDINA OF LE JEUNE DENTAL CARE, INC.



TERESA TABORDA.

OFFICIAL NOTARY SEAL
TERESA TABORDA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC321929
MY COMMISSION EXP. OCT. 2, 1997

NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO CC321929
MY COMMISSION EXP. OCT 2, 1997