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Jan 21 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 # P93000023183 (5)

1. Corporation Name:
ADVANTAGE DENTAL CARE INC.



Principal Place of Business
10004 S.W. 14TH ST.
PEMBROKE PINES FL 33025

Mailing Address
10004 S.W. 14TH ST.
PEMBROKE PINES FL 33025-3630

3. Date Incorporated or Qualified 03/29/1993
3a. Date of Last Report 04/18/1996

2. Principal Place of Business 21 15010 West St Rd 8A Suite, Apt. #, etc.	2a. Mailing Address 26 16272 Segovia Circle N. Suite, Apt. #, etc.	4. FEI Number 65-0398677 Applied For Not Applicable
22 City & State 23 SUNRISE, FL Zip 24 33326 Country 25 USA	27 City & State 28 Pembroke Pines, FL Zip 29 33331 Country 30 USA	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MESA, JORGE E
10004 S.W. 14TH ST.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name JORGE E. MESA
82 Street Address (P.O. Box Number is Not Acceptable)
16272 Segovia Circle N.
83
84 City Pembroke Pines, FL 85 Zip Code 33331

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 *Jorge E. MESA* JORGE E. MESA (President) 1/8/97
(NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESA, JORGE E		1.2 NAME MESA, JORGE E.	
STREET ADDRESS 10004 S.W. 14TH ST.		1.3 STREET ADDRESS 16272 Segovia Circle N.	
CITY-ST-ZIP PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP pembroke Pines, FL 33331	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESA, MARGARET A		2.2 NAME MESA, MARGARET A	
STREET ADDRESS 10004 S.W. 14TH ST.		2.3 STREET ADDRESS 16272 Segovia Circle N.	
CITY-ST-ZIP PEMBROKE PINES FL 33025		2.4 CITY-ST-ZIP pembroke Pines, FL 33331	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jorge E. MESA* JORGE E. MESA (President) 1/8/97 (954) 384-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #