

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026919 (9)

1. Corporation Name

PRONTO DENTAL, INC.

Principal Place of Business

4747 HOLLYWOOD BLVD
STE - 186
HOLLYWOOD FL 33021
US

Mailing Address

4747 HOLLYWOOD BLVD
STE - 186
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0409369

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 2446 TAYLOR ST #1

Suite, Apt., etc.

22 HOLLYWOOD, FL

City & State

2a. Mailing Address

26 Suite, Apt., etc.

City & State

27 City & State

28 City & State

29 City & State

30 City & State

23 Zip

24 33020

Country

25 United States

26 Country

27 Country

28 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

ABRAMS, DAVID S
2100 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Edwin Chaparro

Signature typed or printed name of registered agent (if this is acceptable)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSD
CHAPARRO, EDWIN A
2446 TAYLOR ST #1
HOLLYWOOD FL 33020

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

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40 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 119.03(1)(b), Florida Statutes. I further certify that the information submitted 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, in an attachment with an address.

SIGNATURE:

Edwin Chaparro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

Signature #