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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000032314 (5)

DENTAL MATCH OF FLORIDA INC.

A, 1110·	
Mailing Address	
5921 GLENBROOK DRIVE BOCA RATON FL 33433-5225	
	Mailing Address 5921 QLENBROOK DRIVE

FILED Mar 07 1997 8:00am Secretary of State



5921 GLENBROOK DRIVE BOCA RATON FL 33433		5921 GLENBROOK DRIVE BOCA RATON FL 33433-5225		*			
					 Date Incorporated or Qualified 04/29/1993 	3a. Date of Last 02/12/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			65-0457686		lot Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Z ip 29	Countr	У		Yes 🗹 No	s. 199.032,
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
	DDE, MORTON J		81	Name			
5921 GLENBROOK DRIVE BOCA RATON FL 33433				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut te off lorida. Such change was a	es, the above	re-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urnose of changing	its registered is registered
agent. Fai SIGNATURE	nctamiliar with, and accept the dol	igativos of, Section 607.0505, Fil	orida St a tute	1 \$.		3-3-97	1
0.0	Signature, typed or printed name of registered a			jent signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	AUGUST, GEORGE	[""] btrut	1.1 TOTLE			Cisorigo	LI AUGGUII
NAME Dance tropeco	6680 BURNING WOOD DRIV	r .	1.2 NAME				
STREET ADDRESS	BOCA RATON FL 33433			T ADDRESS			
CHY-ST-ZEP HILE	VPST	☐ DELETE	1.4 DITY- 21 TITLE	21-11	:	Change	Addition
NAME	DR. MORTON J. GOODE ,		22 NAME	ļ			
STHEFT ADDRESS	5921 GLENBROOK DR.			T ADDRESS			
CHTY-ST-ZIP	BOCA DATON EL 20400		2 4 CITY				
TITLE		DELETE	3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREI	T ADDRESS			
CITY - S1 - ZiP			3.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	II.		4. 2 NAM	E			
STREET ADDRESS			4.3 STREI	T ADDRESS			
C(TY+S1+ZIP			4.4 CITY-		***************************************		
TITLE		L DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
C(TY-ST-7)P		T be ree	5.4 CITY		44.44.44.44.44.44.44.44.44.44.44.44.44.	FT	The same of the sa
TITLE		☐ DELETE	6.1 TITLE	į į		Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
C(1Y - S? - Z(P			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:

SIGNATURE AND TYPED OR PRINTED NAME DISSIPHING OFFICER OR DIRECTOR

3-3-97 561-367-7262