

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

FILED

Jul 25 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 # P93000065347 (5)

1. Corporation Name

DENTAL PROSTHODONTICS GROUP, INC.

Principal Place of Business

6440 MASSACHUETTS AVE.
#201
NEW PORT RICHEY FL 34653
US

Mailing Address

6440 MASSACHUETTS AVE.
#201
NEW PORT RICHEY FL 34653-2532
US

3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 2020 Sevensprings Blvd. 8341 Tannamera Pl.
Suite, Apt. #, etc.

22 City & State

23 New Port Richey, FL

24 34655 25 USA

27 City & State

28 New Port Richey, FL

29 34655 30 USA

4. FEI Number
59-3205014

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

9. Name and Address of Current Registered Agent

TADROS, HANI S
6440 MASSACHUETTS AVE
STE. 201
NEW PT. RICHEY FL 34653

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 P ☐ DELETE

NAME HANI, TADROS
STREET ADDRESS 6440 MASSACHUETTS AVE.
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE VP ☐ DELETE

NAME TADROS, SAMUEL
STREET ADDRESS 6440 MASSACHUETTS AVE.
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE T ☐ DELETE

NAME TADROS, SUZANNE
STREET ADDRESS 6440 MASSACHUETTS AVE.
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE S ☐ DELETE

NAME TADROS, SUZANNE
STREET ADDRESS 6440 MASSACHUETTS AVE.
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2020 Sevensprings Blvd
New Port Richey, FL 34655

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2020 Sevensprings Blvd
New Port Richey, FL 34655

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2020 Sevensprings Blvd
New Port Richey, FL 34655

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2020 Sevensprings Blvd
New Port Richey, FL 34655

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2020 Sevensprings Blvd
New Port Richey, FL 34655

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

S. J. Tadros SUZANNE TADROS

(813) 372-0421

CR2E034 (9/96)