

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000078476 (7)**

1. Corporation Name

**ERIC'S DENTAL SERVICE, INC.**



Principal Place of Business  
**7251 S.W. 48 ST.  
9901 SW 73RD STREET  
MIAMI FL 33173 33155**

Mailing Address  
**9901 SW 73RD STREET  
MIAMI FL 33173**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**11/08/1993**

3a. Date of Last Report  
**01/26/1995**

4. FEI Number  
**65-0448553**

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

**SUTTER, HOWARD T  
104 CRANDON BLVD., #309  
KEY BISCAYNE FL 33149**

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 607.0507 and 607.1506, 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

12. OFFICERS AND DIRECTORS

|                    |                             |                                 |
|--------------------|-----------------------------|---------------------------------|
| 1. TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| 2. NAME            | <b>STIBITZ, ERIC V</b>      |                                 |
| 3. STREET ADDRESS  | <b>9901 SW 73RD STREET</b>  |                                 |
| 4. CITY - ST. ZIP  | <b>MIAMI FL 33173</b>       |                                 |
| 5. TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| 6. NAME            | <b>STIBITZ, CATHERINE M</b> |                                 |
| 7. STREET ADDRESS  | <b>9901 SW 73RD STREET</b>  |                                 |
| 8. CITY - ST. ZIP  | <b>MIAMI FL 33173</b>       |                                 |
| 9. TITLE           |                             | <input type="checkbox"/> DELETE |
| 10. NAME           |                             |                                 |
| 11. STREET ADDRESS |                             |                                 |
| 12. CITY - ST. ZIP |                             |                                 |
| 13. TITLE          |                             | <input type="checkbox"/> DELETE |
| 14. NAME           |                             |                                 |
| 15. STREET ADDRESS |                             |                                 |
| 16. CITY - ST. ZIP |                             |                                 |
| 17. TITLE          |                             | <input type="checkbox"/> DELETE |
| 18. NAME           |                             |                                 |
| 19. STREET ADDRESS |                             |                                 |
| 20. CITY - ST. ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY - ST. ZIP  |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY - ST. ZIP  |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY - ST. ZIP |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY - ST. ZIP |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. CITY - ST. ZIP |   |

14. I hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Catherine M. Stibitz* **Catherine M. Stibitz** 2/23/96 305-598-1264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (12/95)