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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040496

1. Corporation Name

THE FAMILY DENTAL GROUP OF MIAMI, INC.

Principal Place of Business

454 N.W. 22ND AVE., SUITE 105
MIAMI FL 33125

Mailing Address

454 N.W. 22ND AVE., SUITE 105
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

65-0588256

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 454 NW 22ND AVE

Suite, Apt. #, etc.

22 107

City & State

23 MIA, FL

Zip

24 33125

Country

25 USA

2a. Mailing Address

26 454 NW 22ND AVE

Suite, Apt. #, etc.

27 SUITE 107

City & State

28 MIA, FL

Zip

29 33125

Country

30 USA

9. Name and Address of Current Registered Agent

QUINTANA, JOSE
3333 S.W. 27TH STREET
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	RAMON BANA
82 Street Address (P.O. Box Number is Not Acceptable)	454 NW 22ND AVE
83	
84 City	MIA
85 State	FL
86 Zip Code	33125

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	PS	<input checked="" type="checkbox"/> DELETE
NAME	BANA, RAMON	
STREET ADDRESS	454 N.W. 22ND AVE., SUITE 105	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramon BANA	
1.3 STREET ADDRESS	454 NW 22ND AVE #107	
1.4 CITY-ST-ZIP	MIAMI FL 33125	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)