

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000059631 (8)**

1. Corporation Name:
SMILE DENTAL CARE, INC.



Principal Place of Business: **2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134**

Mailing Address: **2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **07/31/1995** 3a. Date of Last Report: **N/A**

2. Principal Place of Business: **21** **5632 NW 167 ST** 2a. Mailing Address: **26** **5632 NW 167 ST.**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** **HALEAH, FL** City & State: **28** **HALEAH FL**

Zip: **24** **33014** Country: **25** **USA** Zip: **29** **33014** Country: **30** **USA**

4. FEI Number: **65-0633037** 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:
**WILSON, J. EVERETT
2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:
81 Name: **GIANNINA DAMIAN**
82 Street Address (P.O. Box Number is Not Acceptable): **5632 NW 167 STREET**
83 **84** City: **HALEAH** **FL** **85** Zip Code: **33014**

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]* Date: **7/2/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, J. EVERETT	
STREET ADDRESS	2151 LE JEUNE ROAD, MEZZANINE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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

11 TITLE	PRINCIPAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GIANNINA DAMIAN	
13 STREET ADDRESS	HALEAH FL 33014	
14 CITY-ST-ZIP	HALEAH FL 33014	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **7/2/96** (305)625-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)