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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060280 (1)

1. Corporation Name

DENTAL PROFESSIONAL SERVICES, INC.



Principal Place of Business

Mailing Address

150 E. PALMETTO PARK ROAD
BOCA RATON FL 33432

150 E. PALMETTO PARK ROAD
BOCA RATON FL 33432

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **481 E. Hillbroke Blvd.**

26 **481 E. Hillbroke Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **200 A**

27 **200 A**

City & State

City & State

23 **Deerfield Beach, FL**

28 **Deerfield Beach, FL**

Zip

Zip

Country

Country

24 **33441**

25 **USA**

29 **33441**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLICK, MICHAEL S
150 E. PALMETTO PARK ROAD
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **Suite 200 A**

84 City **Deerfield Beach**

FL

85

Zip Code **33441**

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, Title, Corporation Name of registered agent and title if applicable)

Michael S Glick / pres.

(NOTE: Registered Agent signature required when reinstating)

2/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME **GLICK, MICHAEL S**

1.2 NAME

STREET ADDRESS **150 E. PALMETTO PARK RD.**

1.3 STREET ADDRESS

**17675 Seaside Way
Boca Raton, FL 33496**

CITY-ST-ZIP **BOCA RATON FL 33432**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Michael S Glick / pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

954-469-0255
Daytime Phone #

CR2E034 (12/95)