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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500060280 (1)

1. Corporation	on Name		((')					
DENTAL PROFESSIONAL SERVICES, INC.								
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Principal Place of Business Mailing Address						MINI BOTIM BANI		III 001 1861
481 E HILLSI	BORO BLVD	481 E HILSS E	BOBO					
200A 200 A								
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441				41	DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified			
O Deine in al 7	Name of Provinces	0 Maile - 8 d	4		08/04/1995		7 7.	
⊢ −- '	Place of Business	2a. Mailing Add	oress		4. FEI Number		F	pplied For
Suite, Apt.	# etc	26 Suite, Apt.	# etc		65-0600164			ot Applicable Additional
22	. #, B.G.	27	π, ο ιο.		5. Certificate of Status Desired	\Box		equired
City & State			City & State		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	8. This corporation owes or has p	aid the cum		
24	25	29	[3	30	Personal Property Tax due Juni			No
	9. Name and Address of Curr	rent Registered Agent	:		10. Name and Address of New Ro		gent	7. 1. 2
GL	JCK, MICHAEL S			81 Name				
	1 E HILLSBORO BLVD			82 Street Add	ress (P.O. Box Number is Not Accepta	hle)		
	JITE 200 A			Jacot Addi	reas (1.0. Dox Nombol is Not Acceptor			
	ERFIELD BEACH FL 33441			83				
				84 City		*******	7: (
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11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flo	rida Statutes	, the above-named corp	poration submits this statement for the tion's board of directors. I hereby acced	purpose of	changing it	ts registered
office or l	registered agent, or both, in the Sta am fam iliar Wills and accounting ob	ate of Florida. Such cha !!gations of Section 60	inge was au 7 0505 Flori	ithorized by the corporal	tion's board of directors. I hereby acce	ept the appo	intment as	registered
				iua juakules. 🥕 📝				
		Michael	J. 6	ich frest		1	-	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	J- 67	Registered Agent signature requir	red when reinstating)	DATE		
SIGNATURE	Agricume-typed or primed name of registered OFFICERS A	agent and title if applicable.	(NOTE.	Registered Agent signature required 13.		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Syntaure, typed or printed name of registered OFFICERS A	agent and title if applicable.	J- 67	Registered Agent signature required 13.	red when reinstating)	DATE		
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SIGNATURE 12. TITLE	PSD GLICK, MICHAEL S 17675 SCARSDALE WAY	agent and title if applicable.	(NOTE.	Registered Agent signature required 13.	red when reinstating)	DATE	DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 13 if changed, or on again an address.

SIGNATURE:

SNATURE PERIORED

Prosect

19/98 954Blass

FILED

Jan 26 1998 8:00am

Secretary of State

CR2E034 (10/97