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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P95000064470 (4)

MEDICUS DENTAL CENTERS, INC.														
Principal Place of Business					Mailing Address						110 19 40 1940	#1111 #1811 #18(II (481) 481) (88)	
1521 S.W. 102 AVENUE MIAMI FL 33174					1521 S.W. 102 AVENUE MIAMI FL 33174									
										3. Date Incorporated or Qualified 08/21/1995	3a . Da	te of Last R	eport	
2. Principal Pk	ace of Busines	2a. Mailing Address						4. FE! Number			Applied For			
21		26					65-06022	25		Not Applicable				
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional Required	
City & State					City & State					6. Election Campaign Financing			0 May Be	
23				28	28					Trust Fund Contribution			d to Fees	
Zip	Country				Zip Co					8. This corporation has liability fo		tax under s	199.032,	
24	25 9. Name and Address of Curren			29						Florida Statutes Ye 10. Name and Address of New	Somiatara	d Amont		
	9. Name a	no Addri	ess of Curre	nt Hegist	ered Agent		81	N	ame	10. Name and Address of New	Hegistered	a Agent		
14M4 144 A	10 BIOLIAN						82							
WILLIAMS, RICHARD L 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133								Street Addr		ss (P.O. Box Number is Not Accept	able)			
	• • • • • • • • • • • • • • • • • • • •						84	Ci	ity			85 Z	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut						4 4				No. of London Action to London Africa	F		anistana da Hina	
or register	to the provision red agent, or b	ns of Sect oth, in the	ions 607.050. State of Flori	z and 607 ida. Şuch	change was author	utes, the a rized by tr	encorbii Broove-t	nam orat	ied corpora: tion's board	tion sctimits this statement for the p f of directors. I hereby accept the ap	urpose or c pointment a	nanging its i as registered	registered office Lagent. Lam	
	th, and accept	the oblig	ations of, Sec	tion 607.0)505, Florida Statute	es								
SIGNATURE _	Signature typed or	ported have	of registers tages	lined blocking	ppleator (f	NOTE House	это 1 Адел	itsgr	ratura nagunad s	wive nematating	DATE		•	
12.			OFFICERS AN	ID DIREC	TORS	1	3.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	2/1/	AN	VICO	Ò	☐ DELFTE	1	1 TITLE					Change	☐ Addition	
NAME	$ \mathcal{P}_{\perp}$	<i></i>	1126	e			.3 NAME							
TILE LICIAN PIECE NAME D STREET ADDRESS 1521SW107G CITY-ST-ZIP OFFICIAS AN TILE LICIAN PIECE MIAMI CHICAS AN TOTAL TOTAL				3317×				FT ADDRESS						
TITLE					DELETE		4 CITY - S 1 TITLE		r			Change	Add-tion	
NAME						2	2 NAME					_	_	
STREET ADDRESS						2	3 STREET	ADO	IFESS					
CITY - ST - ZIP						2	4 CHY-S	1 - 216	Р					
TITLE					☐ DELETE		1.1111.6					☐ Change	Add tion	
NAME DEPOSE LABORISE							2 NAME a conser	, , , , ,	oncee.					
STREEL ADDRESS CITY-ST-ZIP							3 STREET 4 CHIY-S		1					
TITLE					DELETE		1 11118	a - 211	·			Change	Addition	
NAME							2 NAME						_	
\$TREET ADDRESS						4	3 STREET	ADD	RESS					
CITY-ST-ZIP						4	4 CITY · S	31 - Z10	P					
TITLE					☐ DFLETE	5	1 THILE					☐ Change	Addition	
NAME						5	2 NAME							
STREET ADDRESS						5	RISTREET	ADD	RESS					
CITY-ST-ZIP							4 C-IY-S	I - 711	P.					
TITLE					DELETÉ		1 TITLE					Change	Addition	
NAME							2 NAME		1					
STREET ADDRESS							3 STREET							
CITY-ST-ZIP	y certify that the	he informs	ation supplied	with the	fino is voluntarily \$4		4 CITY -S			r the exemption stated in Section 11	9.07(3Vk) . F	Iorida Statu	tes I further	

14. To nereby certify that the information supplied with this fling is voluntarily annised and obes not quality for the exemption stated in Section 1.19.0 (o)rk, Florida Statutes. Intrinsic certify that the information indicated on this annual report or suppliemental 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 fustee 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 fund a lattice.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

429196

Eagtin e Phore #