## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P95000069462 (6) DOCUMENT #

THE DENTAL GROUP II, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 104 (1 to 1 (1 to 1 to 1 to 1 to 1 to 1 to	) #!!	18 1181 1881		
2609 OAKLAND PARK BLVD. 2609 OAKLAND PARK BLVD											
FT. LAUDERDALE FL 33311				FT. LAUDERDALE FL 33311				DO NOT WRITE IN THIS SPACE	_		
								3. Date Incorporated or Qualified	=	·····	
								09/06/1995			
2. Principal P	lace of Busin	ess	2a.	Mailing Address				4. FEI Number	Ar	plied For	
21				26				<b>65-0603983</b> Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	.75	Additional	
22				27				6. Certificate of Status Desired	ee Re	quired	
City & State				City & State				6. Election Campaign Financing \$	5.00	May Be	
23			28	28				Trust Fund Contribution	dded t	o Fees	
Zip	Country			Zip Country			•	8. This corporation owes or has paid the current year Intangible			
24		25 29 30  9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. 🔀 Yes 🛄 No			
		<del></del>	nt Regis	tered Agent				10. Name and Address of New Registered Agent			
	vel, denni					81	Name				
2609 OAKLAND PARK BLVD.				<del>!</del>			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
FT.	LAUDERDA	ALE FL 33311									
						83					
						84	City	85	Zip (	Code	
	<del></del>					l		FL  °			
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 little if applicable (NOTE: Registered Agent signature)							ent signature requ	•			
12.		OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	P ADVICE A	DENING		DELETE	1.1 1	TLE		□ CI	iange	Addition	
NAME	SEVEL, I				1.2 N/	AME				;	
STREET ADDRESS		KLAND PARK BLVD			1.3 \$3	REET	ADDRESS				
CITY-ST-ZIP		DERDALE FL		T no ore	1.4 CI		T-ZIP				
TITLE	\$T	14101/		☐ DELETÉ	2.1 TO	TLE		L CI	nange	Addition	
NAME	GRODIN,				2.2 N/	AME				1	
STREET ADDRESS		KLAND PARK BLVD			2.3 ST	REET	ADDRESS			1	
CITY-ST-ZIP	FI. LAUL	DERDALE FL	<del></del>		2.4 C	ITY-S	ST-ZIP				
TITLE				☐ DELETE	3.1 TI	TLE		Ľ CI	iange	☐ Addition	
NAME					3.2 NA	AME					
STREET ADDRESS					3.3 ST	REET	ADDRESS				
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TITLE	!			DELETE	4.1 TF			☐ Cr	ange	☐ Addition	
NAME					4. 2 N	AME					
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CITY-ST-ZIP					4.4 CI	ty-s	T-ZIP				
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NAME					5.2 NA	ME				ļ	
STREET ADDRESS					5.3 ST	REET	ADDRESS				
CITY-ST-ZIP					5.4 CI	TY-S	T-21P				
TITLE				☐ DELETE	6.1 TI	TLE		☐ Cr	iange	Addition	
NAME					6.2 NA	AME					
STREET ADDRESS					6.3 ST	REET	ADDRESS				
CITY-ST-ZIP					6.4 Ci	TY-S	T-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 trusted 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 attackment with any address.