## 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

P95000070216 (3)

DOCUMENT #
1. Corporation Name

DENTI EVIC LIEALTH

Principal Place of Busin \$700 S. CLEVELAND SUITE \$18,253		Date Incorporated or Qualified   3a. Date of Last Report						
0. District Co.		· T ===================================	····		09/08/1995	<b>54.</b> 55.6	or Extinciple	
2. Principal Place of Business 21 12/04 COLLEGIATE WAY Suite, Apt. #, etc. 22 100 City & State 23 OPLANDO, FLORIDA		2a. Mailing Address 26			77 - 12 04519			plied For LApplicable
		Suite, Apt. #, etc. 27 City & State 28 OPLANDO, FLORIDA		<u> </u>	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				А	6. Election Campaign Financing Trust Fund Contribution			May Be
<sup>Zip</sup> 32817	Country <b>25 OR-NUGE</b>	2φ 29 <b>32878-05</b> 01	Gountry 30 ORANGE		8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
9. Na	ame and Address of Current	Registered Agent		Υ	10. Name and Address of New	Registered A	gent	
CT COPPORAT	TION CVCTEN		81	Name				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
							·	
			83	]				
			84	City		FL	85 Zip Co	ode
12. TITLE PLES NAME STREET ADDRESS 2350	OFFICERS AND WILLIAM TO THE STATE OF THE STA	DIRECTORS THE ASVE DEV T DELETE	### 13   1   1   1   1   1   1   1   1   1		ADDITIONS/CHANGES TO OF		Change [	IN 12 Addition  Addition
STREEL ADDRESS City-St-zip	DRESS DELETE			ADDRESS				
TITLE NAME STREET ADDRESS CITY-S1-7IP				ADDRESS			] Change [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE			ADDRESS	Change Add			Add-tion
TITLE  YAME  STREET ADDRESS  CITY - ST - ZIP		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STHEEL 5 4 CITY-S	ADDRESS			Change [	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	☐ DELETE			ADDRESS	☐ Change ☐ Addition			
<ol> <li>I do hereby certify that the information oath; that I am an o</li> </ol>		teport or supplemental angua bon of the receiver or trustee a	ii reporus mu emnowered t	s not qualify for	the exemption stated in Section 119 and that my signature shall have the eport as required by Chapter 607, F			

SIGNATURE: /

OUTPERSTRINTED NAME OF SIGNING OFFICER OR DIRECTOR