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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 28 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079895

1. Corporation Name

Family Care Dental Center, Inc.

Principal Place of Business	Mailing Address
1127 N.W. 22 Avenue Miami, Fl. 33125	1127 N.W. 22 Avenue Miami, Fl. 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/95

4. FEI Number: 65-0629086 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [X] No

2. Principal Place of Business
21 1127 N.W. 22 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33125 Country 25 USA

2a. Mailing Address
26 1127 NW 22 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Fl.
Zip 29 33125 Country 30 USA

9. Name and Address of Current Registered Agent

Tony Novoa
1127 NW 22 Avenue
Miami, Fl. 33125

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

800002898408--8
-06/08/99--01067--003
*****61.25 *****61.25
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 Tony Novoa, Registered Agent 5-18-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		[ ] DELETE	11 TITLE	PD - 49% shareholder	[X] Change [ ] Addition
NAME			12 NAME	Tony Novoa	
STREET ADDRESS			13 STREET ADDRESS	1127 N.W. 22 Avenue	
CITY-ST-ZIP			14 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		[ ] DELETE	21 TITLE	VD - 51% shareholder	[X] Change [X] Addition
NAME			22 NAME	Adriana De Cardenas	
STREET ADDRESS			23 STREET ADDRESS	1127 NW 22 Avenue	
CITY-ST-ZIP			24 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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 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 on an attachment with an address, with all other like empowered. 5/18/99

SIGNATURE: Tony Novoa, President, 5-18-99 (305)642-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #