

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 (AMENDED)

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 JUN 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079895

1. Corporation Name

FAMILY CARE DENTAL CENTER, INC.

Principal Place of Business

Mailing Address

1127 N.W. 22nd Avenue
Miami, Florida 33125

1127 N.W. 22nd Ave.
Miami, Florida 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1127 N.W. 22 Ave.

26 1127 N.W. 22 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida
Zip Country

28 Miami, Florida
Zip Country

24 33125 25 U.S.A.

29 33125 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TONY NOVOA
1127 N.W. 22nd Avenue
Miami, Florida 33125

81 Name

Drumnia Maiquez

82 Street Address (P.O. Box Number is Not Acceptable)

12820 S.W. 188th Street

83

84 City

Miami

FL

85 Zip Code
33177

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 title if applicable.

DRUMNIA MAIQUEZ, REGISTERED AGENT 6/23/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD ☒ DELETE

NAME TONY NOVOA
STREET ADDRESS 1127 N.W. 22nd Avenue
CITY-ST-ZIP Miami, Florida 33125

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

NAME ROLANDO R. USEDIA
STREET ADDRESS 1127 N.W. 22nd Avenue
CITY-ST-ZIP Miami, Florida 33125

1.2 TITLE VPD ☐ Change ☒ Addition

NAME DRUMNIA MAIQUEZ
STREET ADDRESS 1127 N.W. 22nd Avenue
CITY-ST-ZIP Miami, Fl. 33125

1.3 TITLE ☐ Change ☐ Addition

NAME 800002927478--6
STREET ADDRESS -07/03/99--01074--005
CITY-ST-ZIP *****61.25 *****61.25

1.4 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-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 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.

SIGNATURE:

DRUMNIA MAIQUEZ-VICE PRES./DIR. 6/23/99 (305)649-6112

CR2E034 (11/98)