

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # P95000082192 (2)

1. Corporation Name

DENTAL MANAGEMENT DIMENSIONS, INC.



Principal Place of Business

5775 N.W. BLUE LAGOON DRIVE
SUITE 400
MIAMI 33 126

Mailing Address

5775 N.W. BLUE LAGOON DRIVE
SUITE 400
MIAMI 33 126

2. Principal Place of Business

21 5805 Blue Lagoon Drive

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 170

Suite, Apt. #, etc.

23 Miami FL

City & State

24 33126 25 US

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4

4. FET Number

65-0614597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 the corporation

Signature typed or printed name of registered agent and the corporation

Signature

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DOBER, MELVIN
STREET ADDRESS % 5775 N.W. BLUE LAGOON DR. SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE
NAME TIE-SHUE, HENRY
STREET ADDRESS % 5775 N.W. BLUE LAGOON DR. SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ DELETE
NAME GARFINKLE, LEONARD
STREET ADDRESS % 5775 N.W. BLUE LAGOON DR. SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)