
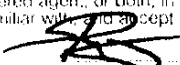


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 795000082195 1. Corporation Name DENTAL PRACTICE ADMINISTRATORS, INC.			
Principal Place of Business 12000 BISCAYNE BLVD SUITE 200 MIAMI, FL 33181		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10-26-95	3a. Date of Last Report
21. Suite, Apt. #, etc. 200	26. Suite, Apt. #, etc. 200	4. FEI Number 65-0622227	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PAULO DOMINGUEZ 12000 BISCAYNE BLVD. SUITE 200 MIAMI, FL 33181		10. Name and Address of New Registered Agent	
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.		81. Name	
SIGNATURE  PAULO DOMINGUEZ, PRESIDENT 4-30-97		82. Street Address (P.O. Box Number is Not Acceptable)	
(Note: Registered Agent signature required when reinstating)		83.	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1. TITLE DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> DELETE	12.2. NAME RODGER PRIETO, D.D.S.	13.1. TITLE DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13.2. NAME PAULO DOMINGUEZ
12.3. STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 108	12.4. CITY-STATE-ZIP MIAMI, FL 33181	13.3. STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 200	13.4. CITY-STATE-ZIP MIAMI, FL 33181
12.5. TITLE <input type="checkbox"/> DELETE	12.6. NAME	13.5. TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	13.6. NAME SUZET SHYAM
12.7. STREET ADDRESS	12.8. CITY-STATE-ZIP	13.7. STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 200	13.8. CITY-STATE-ZIP MIAMI, FL 33181
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