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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082195 (5)

1. Corporation Name

DENTAL PRACTICE ADMINISTRATORS, INC.

Principal Place of Business

12000 BISCAYNE BLVD.  
SUITE 200  
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD.  
SUITE 200  
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1995

4. FEI Number

65-0622227

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2260 SW 8 St.

Suite, Apt. #, etc.

22 3rd Floor

City & State

23 Miami, Florida

Zip

24 33135

Country

25 USA

2a. Mailing Address

26 2260 SW 8 St.

Suite, Apt. #, etc.

27 3rd Floor

City & State

28 Miami, Florida

Zip

29 33135

Country

30 USA

9. Name and Address of Current Registered Agent

DOMINGUEZ, PAULO  
12000 BISCAYNE BLVD.  
SUITE 108  
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

Mario C. Suarez

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

2260 SW 8 St.

83 Third Floor

84 City

Miami

FL

85 Zip Code

33135

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

*Mario C. Suarez*

- Mario C. Suarez

DATE

4/17/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DOMINGUEZ, PAULO DDS  
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 200  
CITY-ST-ZIP MIAMI FL 33181

TITLE ☒ DELETE

NAME SHYAM, SUJIT  
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 200  
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Aldo Erazo

1.3 STREET ADDRESS 2260 SW 8 St.

1.4 CITY-ST-ZIP Miami, Florida 33135

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Vice-President/Director

2.3 STREET ADDRESS Luis Cruz

2.4 CITY-ST-ZIP 2260 SW 8 St.

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Secretary/Director

3.3 STREET ADDRESS Mario C. Suarez

3.4 CITY-ST-ZIP 2260 SW 8 St.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Miami, FL 33135

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 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

SIGNATURE:

*Mario C. Suarez*

4/17/98 (302) 472-9090

CR2E034 (10/97)