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

DOCUMENT # **P95000082195**1. Corporation Name

STREET ADDRESS

DENTAL PRACTICE ADMINISTRATORS, INC.

Principal Place	e of Business	Mailing Address			81 31 8 10 10101 0111 1801
2260 SW 8TH S		2260 SW 8TH ST			
3RD FL		3RD FL			_
MIAMI FL 33135	5	MIAMI FL 33135		DO NOT WRITE IN THIS SPACE	<u>E</u>
US		US		3. Date Incorporated or Qualifed	ļ.
				10/26/1995	1
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0622227	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Le Certifoste et Status Desired III	.75 Additional ee Required
22		City & State			
City & State	e	<u> </u>			5.00 May Be dded to Fees
Zip	Country	28	Country	This corporation owes the current year Intangible	
⊢ ¬ `			30	Personal Property Tax.	
24	9. Name and Address of Curre		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered Agent	
<u> </u>	g. Name and Address of Curre	ant Itegratered Agent	81 Name	•	
SUAREZ, MARIA C				SE M. GARCIA	
2260 SW 87H ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
3RD FL			83	00 0,00.0 01.	
MIAMI FL 33135					
<i>~</i>			84 City	FL 85	Zip Code
	- C	FOR and FOR 1509 Florido Statuto	the above named corne		ing its registered
11. Pursuant to the provisions of Sections 107,0502 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 a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutes.	1.100	
SIGNATURE		TOTE	N. GALCIA Registered Agent signature required	///5/97_	
12.	Signature, types or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIS	ECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		hange Addition
NAME	ERAZO, ALDO	_		Luic Cauz	
!	2260 SW 8TH ST	_	1.3 STREET ADDRESS	LUIS CRUZ +L St.	
STREET ADDRESS	MIAMI FL 33135			Nian-: Fl. 33135	
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TITLE		hange
ł I	CRUZ. LUIS	E 9111.	2.2 NAME	~	, –
NAME	2260 SW 8TH ST				•
STREET ADDRESS		•	2.3 STREET ADDRESS	والمساعدة والمعاملات والمساعدة	
CITY-ST-ZIP	MIAMI FL 33135	Γ √ DELΕΤΕ	2.4 CITY-ST-ZIP 3.1 TITLE	no la	hange
TITLE	SD CHARET MARIA C	E DESCIE		ECRETARY	_ ···
NAME	SUAREZ, MARIA C.		3.2 NAME	ose m. GARCIA	
STREET ADDRESS				260 3.00.01-01.	
CITY-ST-ZIP	MIAMI FL 33135		3.4. CITY-ST-ZIP	1)(Ann, #1, 3313)	_ <u>:</u>
πīLE	1	Flociete		The characteristics are a second control of the characteristics ar	hanna 🔲 Addition
NAME		☐ DELETE	4.1 TITLE		hange
STREET ADDRESS		☐ DELETE	4. 2 NAME		hange
1		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		hange
CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS ; 4.4 CITY-ST-ZIP 5.1 TITLE		hange Addition
CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	. <u> </u>	hange
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	. <u> </u>	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90043 030 ***150.00

A CARDICARD MAR PRINT ANNA ARTIN BRING ARTIN ARTIN COME HARA MARIN COME TO A STATE AND A STATE AND A STATE AREA