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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90043 030 \*\*\*150.00

DOCUMENT # P95000082195

1. Corporation Name

DENTAL PRACTICE ADMINISTRATORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2260 SW 8TH ST 3RD FL MIAMI FL 33135 US		Mailing Address 2260 SW 8TH ST 3RD FL MIAMI FL 33135 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
SUAREZ, MARIA C. 2260 SW 8TH ST 3RD FL MIAMI FL 33135			
10. Name and Address of New Registered Agent			
81 Name Jose M. Garcia			
82 Street Address (P.O. Box Number is Not Acceptable) 2260 S.W. 8TH ST.			
83			
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 <u>JOSE M. GARCIA</u> DATE <u>1/15/99</u>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE President			
1.2 NAME LUIS CRUZ			
1.3 STREET ADDRESS 2260 S.W. 8TH ST.			
1.4 CITY-ST-ZIP Miami, FL. 33135			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE Secretary			
3.2 NAME JOSE M. GARCIA			
3.3 STREET ADDRESS 2260 S.W. 8TH ST.			
3.4 CITY-ST-ZIP Miami, FL. 33135			
4.1 TITLE			
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			
6.1 TITLE			
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramiro Casanova

Date

1/15/99 (305) 642-9090

Daytime Phone #

CR2E034 (11/98)