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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093569 (8)

COMPUTER AGE DENTIST, INC.

(5)				·····	····					(10 1811 1891 110 1811 182
Principal Place of Business Mailing Address 7642 HOLLINGTON PL LAKE WORTH FL 33467 LAKE WORTH FL 33467-7846							:		,,	
AKE WORTH FL 33467			LAKE WUNIN PL 334077040			3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1995 09/30/1996				
Principa' Pl	ace of Business	2a.	Mailing Address			4. FEI Num				Applied For
Suite, Apt #, etc.		26	26			65-06	634939			ot Applicabl
		27	Suite, Apt. #, etc.			5. Certifica	S8.75 Additional Fee Required			
City & State	9		City & State			Г	Campaign Financing			D May Be
L.,	Country	28	Zıp	Country			nd Contribution	<u> </u>		to Fees
- <i>Z</i> ір]	Country 25	29	Σip	30		8. This cor	poration has liability for	intangible Yes		s. 199.032,
l	9. Name and Address		stered Agent	1301			nd Address of New Re			
ech.	ECHTER, MICHAEL			81	Name					
	2 HOLLINGTON PL			82	Chanal Add	(D.O. Pari I	Number is Not Acceptal	hlo)		
	E WORTH FL 33467			02	2000 ACIO	iress (P.O. box i	vomber is ivot Accebrai	DIE)		
www.	L 1101111111 L 00101			83						····
				100	0			 	leel 7.	Cada
				84	City			FL	85 Zı	o Code
agent Lai IGNATURE	egistered agent, or both, in familiar with, and accep	of the obligations of	of, Section 607.0505,	Florida Statutes.						
agent La IGNATURE	m familiar with, and accept	of the obligations of	of, Section 607.0505,	Florida Statutes.		ired when reinstating)	NS/CHANGES TO OFFIC	DATE	DIRECTO	DRS IN 12
agent Lai	m familiar with, and accept	of the obligations of the obliga	of, Section 607.0505,	Fiorida Statutes		ired when reinstating)		DATE	DIRECTO	
agent Lai	Significant with, and accept significant typed or printed name of OFF P SCHECTER, MICHAE	of the obligations of constructions of c	II, Section 607,0505, II applicable. (N	Florida Statutes. OTE: Registered Agen		ired when reinstating)		DATE		
agent Lai	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	II, Section 607,0505, II applicable. (N	Florida Statutes. IOTE: Registered Ager 13, 1.1 TITLE	al signature requi	ired when reinstating)		DATE		
agent I at IGNATURE 2. ILF ME IRELT ADDRESS ITY-ST-78P	Significant with, and accept significant typed or printed name of OFF P SCHECTER, MICHAE	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607,0505, Happikable (N CTORS DELETE	Fiorida Statutes. IOTE: Registered Agen 13. 11 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	at signature requi	ired when reinstating)		DATE	Change	Addition
agent Lai IGNATURE 2. ILF MME IRLIT ADDRESS ITY-ST-ZIP ILE	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	II, Section 607,0505, II applicable. (N	Fiorida Statutes. IOTE: Registered Agen 13. 1 1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE	at signature requi	ired when reinstating)		DATE		Additio
agent Lai IGNATURE L L L L L L L L L L L L L	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607,0505, Happikable (N CTORS DELETE	IOTE: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	ired when reinstating)		DATE	Change	Additi
Agent Tai Agent	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607,0505, Happikable (N CTORS DELETE	13.	ADDRESS ADDRESS	ired when reinstating)		DATE	Change	Additio
agent Tai GNATURE 2. CLF ME BILLT ADDRESS TY-ST-7/P LLE ME BEET ADDRESS TY-ST-7/P	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	of, Section 607,0505, I applicable (N CTORS DELETE	Fiorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST	ADDRESS ADDRESS	ired when reinstating)		DATE	☐ Change	Additi
agont Tai	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607,0505, Happikable (N CTORS DELETE	13. 1.1 1.1 1.2 1.3 1.3 1.4 1.3 1.4 1.3 1.4	ADDRESS ADDRESS	ired when reinstating)		DATE	Change	Additi
agont Tai IGNATURE 2. ILF IME IRLLT ADDRESS IY-ST-ZIP ILE IME IREET ADDRESS IY-ST-ZIP ILE AME IREET ADDRESS AME	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	of, Section 607,0505, I applicable (N CTORS DELETE	Fiorida Statutes. 13, 1.1 Tifle 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 Tifle 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 Tifle 3.2 NAME	ADDRESS - ZIP ADDRESS T- ZIP	ired when reinstating)		DATE	☐ Change	Additi
Agent Tai Agent	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	of, Section 607,0505, I applicable (N CTORS DELETE	Fiorida Statutes. 13, 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.3 STREET /	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS	ired when reinstating)		DATE	☐ Change	Additi
Agont Tai IGNATURE 2. ILF ME MLLT ADDRESS IY-SI-7P ILE ME REEL ADDRESS IY-SI-7P ME	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	of, Section 607,0505, I applicable (N CTORS DELETE	Fiorida Statutes. 13, 1.1 Tifle 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 Tifle 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 Tifle 3.2 NAME	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS	ired when reinstating)		DATE	☐ Change	Addition Addition
agont Tai IGNATURE 2. ILF AME IRELT ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607.0505, I applicable (N CTORS DELETE DELETE	13. 1.1 1.1 1.2 1.3 1.3 1.4 1.1 1.2 1.3 1.4 1.3 1.4 1.3 1.4 1.4 1.4 1.1 1.1 1.4	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS	ired when reinstating)		DATE	Change	Addition Addition
agont Tai IGNATURE 2. ILF AME IRELT ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IMEET ADDRESS ITY-ST-ZIP ILE AME IMEET ADDRESS ITY-ST-ZIP ILE AME	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607.0505, I applicable (N CTORS DELETE DELETE	Fiorida Statutes. IOTE: Registered Agen 13, 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)		DATE	Change	Addition Addition
AGONT LAI IGNATURE 2. ILF MME RILT ADDRESS IY-ST-7/P ILE MME REET ADDRESS IY-ST-7/P ILE MME IHEET ADDRESS IY-ST-7/P ILE AME IHEET ADDRESS IY-ST-7/P ILE AME REFT ADDRESS	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607.0505, I applicable (N CTORS DELETE DELETE	Fiorida Statutes. 13, 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE 4.2 NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ired when reinstating)		DATE	Change	Addition Addition
AGONT LAI IGNATURE 2. ILF IME INLE ADDRESS IY-SI-ZIP ILE IMEET ADDRESS	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	M, Section 607.0505, I applicable (N CTORS DELETE DELETE	Fiorida Statutes. 13. 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-S1 3.1 TITLE 3.2 NAME 3.3 STREET / 4.1 TITLE 4.2 NAME 4.3 STREET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ired when reinstating)		DATE	Change	Addition Addition Addition
agont Tai IGNATURE 2. ILF MAE INLET ADDRESS IY-ST-7/P ILE MME IREET ADDRESS IY-ST-7/P ILE AME IHEET ADDRESS IY-ST-7/P ILE AME IHEET ADDRESS IY-ST-7/P ILE AME ITY-ST-7/P ILE AME ITY-ST-7/P ILE ITY-ST-7/P ILE ITY-ST-7/P ILE	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	DELETE DELETE DELETE	Fiorida Statutes. 13. 11 TITLE 12 NAME 1.3 STREET / 14 CITY-S1 21 TITLE 22 NAME 23 STREET / 24 CITY-S' 31 TITLE 32 NAME 33 STREET / 4. CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET / 4.4 CITY-S'	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ired when reinstating)		DATE	Change Change	Addition Addition
AGONT LAI LIGNATURE 2. LLF MME BILLT ADDRESS TY-ST-ZIP LLE MME BEET ADDRESS TY-ST-ZIP LLE MME MEET ADDRESS TY-ST-ZIP LLE MME MEET ADDRESS TY-ST-ZIP LLE MME MME MEET ADDRESS TY-ST-ZIP LLE MME MME MREFT ADDRESS TY-ST-ZIP LLE MME MREFT ADDRESS TY-ST-ZIP LLE MME MREFT ADDRESS TY-ST-ZIP LLE MME MREFT ADDRESS	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	DELETE DELETE DELETE	Fiorida Statutes. 13. 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET / 4.2 NAME 4.3 STREET / 4.5 TITLE 5.1 TITLE 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)		DATE	Change Change	Addition Addition Addition
AGONT LAI LIGNATURE 2. LLF ME BILLT ADDRESS TY-ST-ZIP LLE MME HEET ADDRESS TY-ST-ZIP LLE AME HEET ADDRESS TY-ST-ZIP	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	II Section 607.0505, II applicable (N CTORS DELETE DELETE DELETE	Tionida Statutos. 13. 11 Title 12 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 4.1 TITLE 4.2 NAME 4.3 STREET / 4.2 TITLE 5.2 NAME 5.3 STREET / 5.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET / 5.4 CITY-ST 5.4 CITY-ST 5.5 STREET / 5.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)		DATE	Change Change Change	Additi
agont Tai IGNATURE 2. ILF AME IRLT ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE ITY-ST-ZIP ILE ITREET ADDRESS ITY-ST-ZIP ILE ITREET ADDRESS ITY-ST-ZIP ILE ITREET ADDRESS ITY-ST-ZIP ILE	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	DELETE DELETE DELETE	Title	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)		DATE	Change Change	Additi
agont Lai signature 2. The ame irely adoress ity-st-zip the ame irely address ity-st-zip the ame ithely address ity-st-zip the ame ithely address ity-st-zip the ame ithely address ity-st-zip ithe ame	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	II Section 607.0505, II applicable (N CTORS DELETE DELETE DELETE	Fiorida Statutes. 13. 11 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET / 5.1 TITLE 5.2 NAME 5.3 STREET / 5.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET / 5.4 CITY-ST 6.1 TITLE 6.2 NAME	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ired when reinstating)		DATE	Change Change Change	Addition Addition Addition Addition
agent Lai BIGNATURE	Signature typed or printed name of OFF P SCHECTER, MICHAE 7642 HOLLINGTON	of the obligations of registered agent and title ICERS AND DIRE	II Section 607.0505, II applicable (N CTORS DELETE DELETE DELETE	Title	ADDRESS - ZIP ADDRESS 1- ZIP	ired when reinstating)		DATE	Change Change Change	Addition Addition Addition Addition

| SIGNATURE:

MILLIAND TYPE OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/28/97

561-969-9644 Daytine Phone *

FILED

May 14 1997 8:00am

Secretary of State