

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90068 009 ***150.00

DOCUMENT # P96000063985

1. Corporation Name

DENTAL GENESIS, INCORPORATED



Principal Place of Business

5810 S FLAMINGO RD
COOPER CITY FL 33330

Mailing Address

5810 S FLAMINGO RD
COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

65-0682018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 ~~2504 EAGLE RUN DR~~

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26 ~~2504 EAGLE RUN DR~~

Suite, Apt. #, etc.

City & State

Zip

Country

28

29

33327-1427

30

BROWARD

9. Name and Address of Current Registered Agent

DAVIS, LYDIA N
613 SPINNAKER
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

LYDIA N. DAVIS

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

2504 EAGLE RUN DRIVE

83

84 City

WESTON

FL

85 Zip Code

33327-1427

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVIS, LYDIA N

STREET ADDRESS 613 SPINNAKER

CITY-ST-ZIP FT LAUDERDALE FL 33326

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

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 LYDIA N DAVIS

1.3 STREET ADDRESS 2504 EAGLE RUN DRIVE (address only)

1.4 CITY-ST-ZIP WESTON, FLORIDA 33327-1427

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Lydia N. Davis SIGNATURE REQUIRED

1/6/99

Date

(954) 389-9447

Daytime Phone #

CR2E034 (11/98)

0309495