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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067386 (8)

1. Corporation Name
ORTHODONTIX, INC.

Principal Place of Business
9920 S.W. 129TH STREET
MIAMI FL 33176

Mailing Address
9920 S.W. 129TH STREET
MIAMI FL 33176-5640



3. Date Incorporated or Qualified 08/14/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2222 Ponce de Leon Blvd.

2222 Ponce de Leon Blvd. 65-0695655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Penthouse Suite

27 Penthouse Suite

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Zip

24 33134

29 33134

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND ST.
35TH FLOOR
MIAMI FL 33131-2130

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

13. ☒ Change ☐ Addition

NAME

D Steve Dresnick

STREET ADDRESS

6855 South Red Road

CITY- ST- ZIP

Coral Gables, FL 33143

TITLE ☐ DELETE

21 TITLE ☒ Change ☐ Addition

NAME

M Frank W. Guilford, Jr.

STREET ADDRESS

2222 Ponce de Leon Blvd., Penthouse

CITY- ST- ZIP

Coral Gables, Florida 33134

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 CITY- ST- ZIP

14. I do 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

Frank W. Guilford, Jr. 4/21/97 (305) 446-

CR2E034 (9/96)