## 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 # **P96000072329**1. Corporation Name

TROPICAL DENTAL, INC.

Princ	ipai Place of Busines
10216	N.W. 50TH STREET
SUNR	SE FL 33351

Mailing Address

10216 N.W. 50TH STREET SUNRISE FL 33351

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

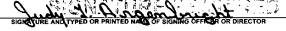
02-24-1999 90063 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

					08/27/1996
2. Principal Pi	lace of Business	2a. Mailing Addres	SS		4. FEI Number Applied For
21		26			65-0700106 Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc.		tc.		5. Certificate of Status Desired	
		City & State	City & State		6. Election Campaign Financing S5.00 May Be
— · · · · · · · · · · · · · · · · · · ·		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29	30	_	Personal Property Tax.  Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
14/145	TOEL DIAME			81 Name	
WHETSEL, DIANE				82 Stree	et Address (P.O. Box Number is not Acceptable)
10216 N.W. 50TH STREET					8100 m.w. MT Street
SUN	RISE FL 33351			83	Surgerie Ft. 38351
				84 City	85 Zip Code
					hauserhill FL 33351
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such chande	was authorized	by the con	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Stinisture, typed or printed name of agistered agent	t and title if applicable.	(NOTE: Registered	Agent signature	ore required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<b>X</b> DEL	ETE 1.1 TIT	LE	PRESIDENT Change Addi
NAME	WHETSEL, B. DIANE		1.2 NA	ME	2001 Plan Vedenpard pt
STREET ADDRESS	8100 N.W. 47TH STREET		1.3 ST	REET ADDRESS	Alan all the Shorest .
CITY-ST-ZIP	LAUDERHILL FL 33351		1.4 CIT	Y-\$T-ZIP	LAUDERHILL, FL 33351
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STREET ADDRESS			2.3 ST	REET ADDRES	SS ·
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MILE		☐ DEL	ETE 3.1 TIT	LE	Change Addi
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TITLE		☐ DEL	ETE 6.1 TIT	Œ	☐ Change ☐ Addi
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	REET ADDRES	SS
CITY-ST-ZIP				Y-ST-ZIP	

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.



954-572-1655