

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000089624 (6)

1. Corporation Name

DENTAL DOCTOR SERVICES I, INC.

Principal Place of Business

3801 N FEDERAL HWY #517  
MIAMI FL 33137  
US

Mailing Address

2260 SW 8TH ST 3RD FL  
MIAMI FL 33135  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0704012

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2260 SW 8th St	26 2260 SW 8th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, FL	28 Miami, Florida
Zip	Zip
24 33135	29 33135
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

FISHER, JODIE  
2260 SW 8TH ST  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

Maria C. Suarez

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

2260 SW 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

*Maria C. Suarez*

Maria C. Suarez

DATE

4/23/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME PRIETO, ROGER  
STREET ADDRESS 2260 SW 8TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

S  
NAME FISHER, JODIE  
STREET ADDRESS 2260 SW 8TH ST  
CITY-ST-ZIP MIAMI FL

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

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Secretary  
2.3 STREET ADDRESS Maria C. Suarez  
2.4 CITY-ST-ZIP 2260 SW 8th St  
Miami, FL 33135

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.

SIGNATURE

*Maria C. Suarez*

4/23/98 (305)

CR2E034 (10/97)