

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

FILED

Sep 03 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 # P96000089628 (7)

1. Corporation Name

DENTAL DOCTOR SERVICES II, INC.



Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD., SUITE 108
NORTH MIAMI FL 33181

12000 BISCAYNE BLVD., SUITE 108
NORTH MIAMI FL 33181-2742

3. Date Incorporated or Qualified

3a. Date of Last Report

10/31/1996

2. Principal Place of Business

2a. Mailing Address

21 14824 NW 7 Avenue

26 2260 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 3rd Floor

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33168

25 USA

29 33135

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINGUEZ, PAULO
12000 BISCAYNE BLVD., SUITE 108
NORTH MIAMI FL 33181

81 Name Jodie Fisher

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

2260 SW 8 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

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

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME RIVERA, MICHELE M
STREET ADDRESS 231 174TH STREET, #407
CITY-ST-ZIP MIAMI BEACH FL 33160

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/Director/PRESIDENT

Roger Prieto, Dr.

2260 SW 8 St

Miami, FL 33135

Secretary

Jodie Fisher

2260 SW 8 St

Miami, FL 33135

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 my address.

SIGNATURE

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