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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600089631 (1)

DENTAL DOCTOR SERVICES III, INC.

2260 SW 8TH MIAMI FL 331 US	I ST. 3RD FL	2260 SW 8TH ST. 3RD FL MIAMI FL 33135 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0704016 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	8	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip	Country	Ζφ	Country	8. This corporation owes or has paid the current year Intangible
24	25 D. Name and Address of Cu		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Ol Novo t				
2260 SW 8TH ST, 3RD FL			82 Street	MORIO C. SUDIEZ
MIAMI FL 33135			<u> </u>	Address (P.O. Box Number is Not Acceptable)
			83	
			84 City;	ami FL 85 33735
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				
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 decept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE GAME CONSTRET 7/23/78				
			Registered Agent signature	
12.	PD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PRIETO, ROGER	_ orere	1.2 NAME	C. Criange C. Nuorion
STREET ADDRESS	2260 SW 8TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	8	DELETE	21 TITLE	Secretary Change Addition
NAME	FISHER, JODIE		22 NAME	Mario C. SUDIEZ 2260 SW 88t
STREET ADDRESS	2260 SW 8TH ST		23 STREET ADDRESS	2260 SW 887
CITY-ST-ZIP	MIAMI FL		2.4 CITY - ST - ZIP	Miami, FL 33135
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Donete	3.4 CITY-ST-ZIP	The state of the s
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP		al with the form at a second and the	6.4 CITY-ST-ZIP	dis Control (40 07/00) Final Control (40 00)
14. Thereby 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 or on attachment with an address.				