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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🤊

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098898 (5)

PINE FAMILY DENTAL, INC.

FILED May 06 1998 8:00am Secretary of State



: ::::o:pa: : :aoc	e of Business	Mailing Address								
0025 WEST 10 AVENUE HIALEAH FL 33012			6025 WEST 10 AVENUE							
		HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporat	ed or Qualifie	d		
						12/06/1996)			
2. Principal Pl	ace of Business	2a. Mailing Addres	6		4.	FEI Number		~ · ·	A	pplied For
21		26				65-08	8299	142		lot Applicab
Suite, Apt. #, etc.		Suite, Apt #, et	Suite, Apt #, etc.		5.	5. Certificate of Status Desired				
City & State		City & State			6.	Election Campa	ign Financing	,	\$5.00) May Be
3		28				Trust Fund Cont	tribution		Added	to Fees
¬ Zip	Country	Ζφ		ntry	1 -	This corporation		,		
:4	25 9. Name and Address of Cu	reent Depletered Agent	30			Personal Proper Name and Add				No
		traut Redistered Adeut		81 Name	10.	Name and Add	II USS OI NOW	Ledistered	Agent	
	STO, JORGE			. Harrio						
	25 West 10 Avenue Neah Fl 33012			82 Street Ad	ddress (P.	.O. Box Number	is Not Accep	table)	···	
				83						
				84 City		· - · · · · ·	 -	FL	85 Zip	Code
11. Pursuant te	o the provisions of Sections 607.	0502 and 607.1508, Florida	Statutes, the a	ove-named c	corporation	submits this sta	atement for the	e purpose o	of changing i	its registere
office or re	egistered agent, or both, in the S	tate of Florida, Such channe	محامط فينم معين	thu the cores	oration's be	oard of directors	I hereby acc	cept the app	pointment as	s registered
egent Lar	n familiar with and accout the of	bligations of Section 607.06	n Was authorize NS Florida Stat	utee				I		
-	m familiar with, and accept the ol	late of Florida, Such change bligations of, Section 607.05	05, Florida Sta	ules.						
SIGNATURE	n familiar with, and accept the ol			Ules.				DATE		
SIGNATURE	Signature, typod or printed name of registere				equired when			DATE		
SIGNATURE	Signature, typod or printed name of registere	d agent and title if applicable	(NOTE: Registere	d Agent signature re	equired when	reinstating)		DATE		RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registere OF LICE HS	d agent and title it applicable AND DIRECTORS	(NOTE: Registere	d Agent signature ro	equired when a	reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registers OF LICE HS	d agent and title it applicable AND DIRECTORS	(NOTE: Registere 13. TE 1.1 TI 1.2 No	d Agent signature ro	equired when a	reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registers OF LICE HS D LIZASO, RAUL D.M.D.	d agent and title it applicable AND DIRECTORS	(NOTE: Registere 13. TE 1.1 TI 1.2 Ni 1.3 S1	d Agent signature ro	equired when a	reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICERS D LIZASO, RAUL D.M.D. 6025 WEST 10 AVENUE	d agent and title it applicable AND DIRECTORS	(NOTE: Registere 13. TE 1.1 TI 1.2 N: 1.3 S' 1.4 CI	d Agent signature re ILE IME REET ADDRESS IY - ST - ZIP	equired when a	reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typnet or printed name of registers OF LICERS D LIZASO, RAUL D.M.D. 6025 WEST 10 AVENUE HIALEAH FL 33012	d agent and title if applicable AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.1 TI 1.2 Ni 1.3 Si 1.4 CI	d Agent signature re TLE IME REET ADDRESS TY-ST-ZIP TLE	equired when a	reinstating)		DATE	D DIRECTO	RS IN 12
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