Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90013 045 \*\*\*150.00

## 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 # P97000014702

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DENTAL DOCTOR SERVICES V. INC.

Principal Place of Business  260 S.W. 8 STREET 3RD FLOOR MIAMI FL 33135  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 02/14/1997  2. Principal Place of Business 2a. Mailing Address  4. FEI Number. 65-0728333  Suite, Apt. #, etc. 25. Cartificate of Status Desired 27  City & State  City & State
2260 S.W. 8 STREET 3RD FLOOR MIAMI FL 33135  22 Principal Place of Business 23 Mailing Address 24 Mailing Address 25 Onto Applied For Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State 28 City & State 28 Country 29 29 30 Election Campaign Financing 29 29 30 Erosonal Property Tax.  SUAREZ, MARIAC 29 29 30 S.W. 8 STREET 3RD FLOOR MIAMI FL 33135  Suite, Apt. #, etc. 5 Certificate of Status Desired 5 Fee Required 5 Fee Required 5 Fee Required 6 Fees Required 7 Fee Required 7 Fees Required 7 Fees Required 7 Fees Required 8 Trust Fund Contribution owes the current year Intangible 7 Personal Property Tax.  SUAREZ, MARIAC 260 S.W. 8 J STREET 3RD FLOOR 3 Street Address (P.O. Box Number is Not Acceptable) 2 Street Address (P.O. Box Number is Not Acceptable) 2 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 3 Street Address (P.O. Box Number is Not Acceptable) 4 City Maria In Internation Latter and accept 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 Statisfor Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of registered agent is registered agent. The purpose of registered agent is registered agent. The purpose of registered agent is registered agent. The pur
3. Date Incorporated of Qualifed 02/14/1997  2. Principal Place of Business  3. Date Incorporated of Qualifed 02/14/1997  4. FEI Number  5. CFI Number  5. Cartificate of Status Desired  5. Cartificate of Status Desired  5. Cartificate of Status Desired  Fee Required  6. Election Campaign Financing  7. Trust Fund Contribution  7. State  7. Country  8. This corporation owes the current year Intangible  8. Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  8. Name  8. Name  8. Name  8. Name  9. Name and Address of New Registered Agent  8. Name  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Addr
2. Principal Place of Business  2. Amailing Address  2. Principal Place of Business  2. Amailing Address  3. FEI Number  65-0728333  3. Not Applied For  Not Applied For  Not Applied For  Not Applied For  Suite, Apt. #, etc.  5. Certificate of Status Desired  5. Certificate of S
21
21
Suite, Apt. #, etc.  Suite, Ap
City & State  Country  Country  Registered Agent  SUAREZ, MARIAC  2260 S W 81 J STREET  3RD FLOOR  MIAMI FL 33135  Street Address (P.O. Box Number is Not Acceptable)  The present of 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 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 physicians of Section 607.0505. Florida Statutes.  SIGNATURE  Signature, typed or primes pene of registered agent and illustratione. (NOTE: Registered Agent signature required when reinstating)
Trust Fund Contribution   Added to Fees
24 25 29 30 Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  SUAREZ, MARIA C 2260 S W 81J STREET 3RD FLOOR 4260 S.LO. 3  10. Name and Address of New Registered Agent  81 Name Street Address (P.O. Box Number is Not Acceptable)  2260 S.LO. 3  Street Address (P.O. Box Number is Not Acceptable)  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 purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of 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 provisions of Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or primed pense of registered agent and illust applicable. (NOTE: Registered Agent signature required when reinstating)
9. Name and Address of Current Registered Agent  SUAREZ, MARIA C  2260 S W 81J STREET  3RD FLOOR  MIAMI FL 33135  81 City  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  2260 S.W. 3 FL  83 Zip Code  32/33  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 provisions of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primes Ligame of registered agent and filled applicable. (NOTE: Registered Agent signature required when reinstating)
SUAREZ, MARIA C 2260 S W 81 J STREET 3RD FLOOR 482 Street Address (P.O. Box Number is Not Acceptable) 22.60 S.W. 3 Street Address (P.O. Box Number is Not Acceptable) 383 4 City FL 85 Zip Code 32/35  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 purpose of section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primes Ligame of registered agent and till of applicable. (NOTE: Registered Agent signature required when reinstating)
2260 S W 81J STREET  3RD PLOOR  MIAMI FL 33135  84 City  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 purpose of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primes typ
3RD FLOOR  MIAMI FL 33135  84 City  FL 85 Zip Code  37.33  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 objections of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primes typed or prim
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Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addition
NAME PRIETO, ROGER DR. 1.2 NAME
10110 71 20127
Change Addition
NAME SUAREZ, MARIA C
ASSO O W STU STOFFT
MANUEL 20 00405
CITY-ST-ZIP MIAMI FL 33135 2.4 CITY-ST-ZIP Miami F1. 33 135
CITY-ST-ZIP MIAMI FL 33135 2.4 CITY-ST-ZIP 71.33 1.35
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Again F1. 33 1.35   Change   Addition
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Clark   F1. 33 1.35   Change   Addition   Additi
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Change   Addition
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Change   Addition   Additi
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Change   Addition   Additi
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Change   Addition   Additi
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Miami F1. 33 135   Change   Addition
CITY-ST-ZIP   MIAMI FL 33135   2.4 CITY-ST-ZIP   Change   Addition

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 coath; 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

☐ Change

☐ Addition