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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014705.

1. Corporation Name
DENTAL DOCTOR SERVICES VI, Inc.

[redacted]

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD. SUITE 108 NORTH MIAMI FL 33161	12000 BISCAYNE BLVD. SUITE 108 NORTH MIAMI FL 33161-2742

3. Date Incorporated or Qualified: 2-14-97
3a. Date of Last Report:

21 2. Principal Place of Business: 2260 SW 8 St.
26 2a. Mailing Address: 2260 SW 8 St
4. FEI Number: 65-0728334 (Applied For / Not Applicable)

32 Suite, Apt. # etc.: 3rd Floor
27 Suite, Apt. # etc.: 3rd Floor
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State: Miami, FL
28 City & State: Miami, Florida
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip: 33135 25 Country: USA
29 Zip: 33135 30 Country: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Paulo Dominguez
12000 Biscayne Blvd.
ste. 200
North Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name: Jodie Fisher
82 Street Address (P.O. Box Number is Not Acceptable): 2260 SW 8 St
83 3rd Floor
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] JODIE FISHER 8/28/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, MICHELE M SR. 231-14TH STREET, #407 MIAMI BEACH FL 33160	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director / President Roger Prieto, Dr. 2260 SW 8 St. Miami Fl. 33135 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY JODIE FISHER 2260 SW 8 St. [redacted] ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 above, or on an attached sheet with an address.

SIGNATURE: [signature] JODIE FISHER 8/28/97 (305) 895-0116