

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 # P97000021047

1. Corporation Name
DENTAL NETWORK, INC.

Principal Place of Business
5775 BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126

Mailing Address
5775 BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90094 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1997

4. FEI Number
65-0827688

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIE SHUE, HENRY C
5775 BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TIE SHUE, HENRY C	
STREET ADDRESS	5775 BLUE LAGOON DR, STE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STANLEY I	
STREET ADDRESS	5775 BLUE LAGOON DR, STE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LEVINE, HOWARD	
STREET ADDRESS	5775 BLUE LAGOON DR, STE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERMAN, MARIA I.	
STREET ADDRESS	5775 BLUE LAGOON DRIVE #400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORMAN, MICHAEL A.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILINSKI, SCOTT F.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Breier, Robert G.	
1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125	
1.4 CITY-ST-ZIP	Coral Gables, FL. 33134-6912	
2.1 TITLE	DCEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shapiro, Stanley I.	
2.3 STREET ADDRESS	5775 Blue Lagoon Dr., Suite 400	
2.4 CITY-ST-ZIP	Miami, FL. 33126	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 an address, with all other like empowered.

SIGNATURE:
Stanley I. Shapiro, President

3/1/99 (305) 262-1333

CR2E034 (1/198)