

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90055 024 \*\*\*150.00

**DOCUMENT # P97000021047**

1. Entity Name

**DENTAL NETWORK, INC.**

Principal Place of Business

Mailing Address

BLUE LAGOON DRIVE  
 SUITE 400  
 FL 33126

5775 BLUE LAGOON DRIVE  
 SUITE 400  
 MIAMI FL 33126-2034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0827688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **TIE SHUE, HENRY C**  
 CITY-ST-ZIP **5775 BLUE LAGOON DR, STE 400**  
**MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **CEOP**  
 STREET ADDRESS **SHAPIRO, STANLEY I**  
 CITY-ST-ZIP **5775 BLUE LAGOON DR, STE 400**  
**MIAMI FL 33126**

TITLE ☒ Change ☐ Addition  
 NAME **DPCEO**  
 STREET ADDRESS **Shapiro, Stanley I.**  
 CITY-ST-ZIP **5775 Blue Lagoon Drive #400**  
**Miami, FL 33126**

TITLE ☐ Delete  
 NAME **VCD**  
 STREET ADDRESS **LEVINE, HOWARD**  
 CITY-ST-ZIP **5775 BLUE LAGOON DR, STE 400**  
**MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **BERMAN, MARIA I.**  
 CITY-ST-ZIP **5775 BLUE LAGOON DRIVE #400**  
**MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GORMAN, MICHAEL A.**  
 CITY-ST-ZIP **50 KENNEDY PLAZA**  
**PROVIDENCE RI 02903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HILINSKI, SCOTT F.**  
 CITY-ST-ZIP **50 KENNEDY PLAZA**  
**PROVIDENCE RI 02903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

2/22/00

(305) 262-1333

Date

Daytime Phone #

CR2E034 (9/99)

P97000021047

6197111

12. Additions/Changes to Officers and Directors in 11

Title:	D
Name:	Breier, Robert G.
Street Address:	2800 Ponce De Leon Blvd., Suite 1125
City-ST-ZIP:	Coral Gables, FL. 33134-6912