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 # P97000026673

. Corporation Name

SAMUEL DENTAL STUDIO, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90009 034 ***150.00

OF HITOELE	, DEITHE STODIO HITO.							
Principal Place	e of Business	Mailing Address						
1461 NW 72 AVE.		1461 NW 72 AVE.						
PLANTATION FL 33313-5339 PLAI		PLANTATION FL 33313-5	PLANTATION FL 33313-5339		DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed		
						03/25/1997		
2 Principal D	Place of Business	2a. Mailing Address			<u> </u>	4. FEI Number	Apı	olied For
21		26				65-0738326	No	t Applicable
Suite, Apt.	#, ētc. —	Suite, Apt. #, etc.				5. Certifcate of Status Desired		dditional ===
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year I		□No
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	1 Affaut	
CALL	ILIEL IOSEDH			"	Name			
	IUEL, JOSEPH 1 NW 72 AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1461 NW 72 AVE. PLANTATION FL 33313-5339				83				
FUNI	H1711011 F 000 10-2009			3		·		
				84	City	,_ <u> </u>	85 Zip (Code
		502 and 607 1509 Florida Stat	tutoe the	abova	-named corno	ration submits this statement for the purpose	of changing its	registered
office or r	registered agent or both in the Stat	re of Fioriga. Such change was	s aumonze	ea ny i	title corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, F	-Iorida Sta	atutes.		•		
SIGNATURE	Signature, typed or printed name of registered a	cent and title if analicable (AIC	TF: Register	red Agent	t signature required	when reinstating) DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	_	TITLE			☐ Change	☐ Addition
NAME	SAMUEL, JOSEPH		1.2	NAME				
STREET ADDRESS	4404 NR4 70 AVE		1.3	STREET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33313			CITY-ST		· •		1
TITLE		☐ DELETE				and the second s		
NAME			4	TITLE	i		☐ Change	Addition
STREET ADDRESS	L			NAME			☐ Change	Addition
CITY-ST-ZIP	3 '		2.2	NAME	ADDRESS		☐ Change	Addition
TITLE	S		2.2	NAME			☐ Change	Addition
NAME		DELETE	2.2 2.3 2.4	NAME STREET			☐ Change	Addition Addition
		. □ DELETE	2.2 2.3 2.4 3.1	NAME STREET				
STREET ADDRESS		☐ DELETE	2.2 2.3 2.4 3.1 3.2	NAME STREET CITY-ST TITLE NAME				
		☐ DELETE	2.2 2.3 2.4 3.1 3.2 3.3	NAME STREET CITY-ST TITLE NAME	T-ZIP		☐ Change	'Addition'
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CITY-ST-ZIP			2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	NAME STREET 4 CITY-ST TITLE NAME STREET 4 CITY-ST	T-ZIP		☐ Change	'Addition'
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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 open attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

/30/99 (954) 583-83 (6)