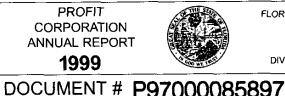
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90045 008 ***150.00

1. Corporation				1		
PMETS,	INU.			CARREST OF STATE SERVICE ARTHUR ARTHU	na nakan antas karna nanti (43) (43)	
Principal Place	of Business	Mailing Address		-) 4 10011001 119 10111 10511 90115 00111 00111 0011)	
	DENTAL CENTER	700 WASHINGTON ST.				
2301 N UNIVERSITY DR. STE 210		HOLLYWOOD FL 33019				
PEMBROKE PINES FL 33024-738				DO NOT WRITE IN THI	S SPACE	
U\$				3. Date Incorporated or Qualifed 10/01/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	300 0. 2 30000		L DENTAL CENTE	rk 65-0791704	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· » · Suite		\$8.75 Additional	
22		27 2301 N.UNIVE	resity Drive, 210		Fee Required	
City & State	•	City & State	- t!	6. Election Campaign Financing	\$5.00:May.Be	-
23		28 EMBROKE PI	JES ; F LI	Trust Fund Contribution	Added to Fees	
Zip ニュマネかい	Country	29 33024-2738 3	Country O U.S.A.	8. This corporation owes the current year I	ntangible ☐ Yes X No	
24 33QJ		1-1 00	0 0,3,11,	Personal Property Tax. 10. Name and Address of New Registere		ļ
	9. Name and Address of Current	Kegistered Agent	81 Name	10, Natio and Addition of Not Assistant		
GER'	vin, stephen z					
700 WASHINGTON STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33019		83			1
			84 City	F	L 85 Zip Code	ļ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the purpose	of changing its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	honzed by the corporation	n's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE	· · · · · ·					İ
	Signature, typed or printed name of registered agent a		Registered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12	ĺ
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO GITTEERS	Change Addition	3
TITLE	GERVIN, STEPHEN Z		1.2 NAME			3
NAME	700 WASHINGTON STREET		1.3 STREET ADDRESS			8
STREET ADDRESS	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP			6
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	۲
NAME	GERVIN, SUSAN	/	2.2 NAME		Į	ļ
STREET ADDRESS	700 WASHINGTON STREET		2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	HOLLYWOOD FL 33019		2, 4 CITY-ST-ZIP			ĺ
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	<u> </u>
NAME		—				
STREET ADDRESS			. 3.2 NAME			1
			3.3 STREET ADDRESS			
CITY-ST-ZIP						ł
CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS		☐ Change ☐ Addition	
			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition	
TITLE			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ 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 suppliemental 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: