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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Jun 01 1998 8:00am Secretary of State

DOCUMENT #	P97000099640	(9)
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CENTE ORIDA	RS FOR IMPLANT AND COS , INC.	SMETIC DENTISTRY	OF FL			
Principal Place of Business Mailing Address				811H 819H 98H 158H		
250 E. DANIA BEACH BLVD. 250 E. DANIA BEACH BLVD.						
DAMA FL 33004 DAMA FL 33004			_			
ł					DO NOT WRITE IN THIS SPACE	<u> </u>
ļ					3. Date Incorporated or Qualified	4
2. Principal P	lace of Business	2a. Mailing Address			11/17/1997 4. FEI Number	Applied For
21 26			150797879	Not Applicable		
Suite, Apt. #, etc Suite, Apl. #, etc.		\$8	.75 Additional			
22	27			5. Certificate of Status Desired	ee Required	
City & State City & State		1	5.00 May Be			
23			26			dded to Fees
Zip	Country	Z <sub>i</sub> ρ   Z <sub>i</sub> η	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24	25 9. Name and Address of Current	[29] Registered Agent	30		Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent	
00		Tiogratorou rigorit		1 Namo	10, realise process of the transfer of the	
	H <b>OP</b> LER, THOMAS A O E, DANIA BEACH BLVD.					
4	NIA FL 33004		Į B	Street Ad-	dress (P.O. Box Number is Not Acceptable)	
	INIA I E 00004		8	3		
			_			
			8	4 City	FL [85]	Zip Code
office or r	to the provisions of Sections 607.05.02 egistered agent, or both, in the State of milamiliar with, and accept the obligations are provided name of registers of agents.	of Florida, Such chan <b>go wa</b> s tions of, Section <b>607,0505</b> , f	authorized Torida Statut	by the carpor es.	proration submits this statement for the purpose of changation's board of directors. I hereby accept the appointment purpose when reinstaling?  DATE	ging its registered ant as registered
12.	OFFICERS AND		13.	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	D	DELETE	1.1 TITU		☐ Ch	
NAME	SCHOPLER, THOMAS A		1.2 NAM	£		1
STREET ADDRESS	<b>25</b> 0 E. Dania Beach Blvd.		1.3 STRE	ET ADDRESS		١
CITY-ST-ZIP	DANIA FL 33004		1.4 CHY	- \$1 - 7IP		<u>_</u>
TITLE	D	DELETE	2.1 TITLE		Ch	nange 🔲 Addition 🕻
NAME	MIRO, CLAUDIO		2.2 NAM	É		1
STREET ADDRESS	250 E. DANIA BEACH BLVD.		2.3 STRE	FT ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	// pour		- ST - ZIP		Addition
TITLE	D ANTONIO	DELETE	3 1 TITLE		L Ch	nange Addition
NAME DEDCET ADDOCOS	OTERO, ANTONIO 250 E. DANIA BEACH BLVD.		3.2 NAM	Į.		
STREET ADDRESS	DANIA FL 33004			ET ADDRESS		
CITY-ST-ZIP	DANIA FE 33004	DELETE	4.1 TITLE	'-SI-ZIP	<b>D</b> □ Ch	nange # Addition
NAME		Land Willer	4. 2 NAN		OLOGICA DYN SCHOOLING	· •
STREET ADDRESS				ET ADDRESS	250 B DANIA BENEAR BL	- <b>D</b>
CITY-ST-ZIP			4.4 CITY	1	DAM-18 1 & 33664	
TITLE		DELETE	5.1 TITLE			nange Addition
NAME			5 2 NAM			. –
STREET ADDRESS				ET ADDRESS		1
CITY-ST-ZIP			5.4 CITY			İ
TITLE		☐ DEL <b>E</b> 1E	6.1 TITLE		Ch	nange Addition
NAME			62 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		į
CITY-ST-ZIP			6.4 CITY	- ST - 7IP		
14. I hereby o	certify that the information supplied wit	h this filing does not qualify	for the exen	ption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify th	at the information

Indicated on this annual report or supplied was this lengt does not quality or indicated on this annual report or supplied mulal 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 trusted emporared to excuse 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 addition.