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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90133 014 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000005206

1. Corporation Name

DENTAL CORPORATION OF AMERICA, INC.

Principal Place of Business

315 S.E. 12TH STREET
FT LAUDERDALE FL 33316

Mailing Address

315 S.E. 12TH STREET
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

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

2. Principal Place of Business

21 2485 E. Sunrise Boulevard

Suite, Apt. #, etc.

22 Suite 206

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 U.S.

2a. Mailing Address

26 2485 E. Sunrise Boulevard

Suite, Apt. #, etc.

27 Suite 206

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 U.S.

9. Name and Address of Current Registered Agent

LIPTON, ALAN
315 S.E. 12TH STREET
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name ALAN LIPTON

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

2485 E. Sunrise Boulevard

83 Suite 206

84 City Ft. Lauderdale

FL

85 Zip Code

33304

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] 2/16/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D, P
STREET ADDRESS 315 S.E. 12TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME D, VP
STREET ADDRESS 315 S.E. 12TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME D, S, T
STREET ADDRESS MARY ANN HARRINGTON
CITY-ST-ZIP 2485 E. SUNRISE FL STE 206
FT LAUD, FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VP
1.3 STREET ADDRESS William M. Chais
1.4 CITY-ST-ZIP 1 NE 23RD AVENUE
POMPANO BEACH, FL 33062

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99 934 567-1640

CR2E034 (11/98)