

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000026252

1. Entity Name

DENTAL SERVICES GROUP INC.



**FILED**

03 JUN 11 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2692 S.W. 137 AVE.

Suite, Apt. #, etc.

3. Mailing Address  
2692 S.W. 137 AVE

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33175

Country  
US

Zip  
33175

Country  
US

4. FEI Number  
65-0820628

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ROSA A. LOZANO

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

2692 S.W. 137 AVE

City MIAMI

FL

Zip Code  
33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

6/9/03

January 1 to May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to: Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME (P/D) LEOPOLDO LOZANO  
STREET ADDRESS 2692 S.W. 137 AVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME (D/S) MARTA LOZANO  
STREET ADDRESS 2692 S.W. 137 AVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME (D/T) ANGELA LOZANO  
STREET ADDRESS 2692 S.W. 137 AVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME (D/V/P) ROSA A. LOZANO  
STREET ADDRESS 2692 S.W. 137 AVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

Date

Daytime Phone #

CR2E034B (12/02)

*Zal 2*

## **DENTAL SERVICES GROUP INC.**

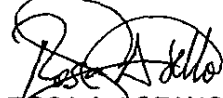
TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 1999 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY



ROSA A. LOZANO  
VICE-PRESIDENT