

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 # P98000067252

1. Corporation Name

DORAL DENTAL SERVICES OF FLORIDA, INC.

Principal Place of Business

1017 W GLEN OAKS LANE, SUITE 206
MEQUON WI 53092

Mailing Address

1017 W GLEN OAKS LANE, SUITE 206
MEQUON WI 53092

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

2. Principal Place of Business

21 10201 N. Port Washington Rd

2a. Mailing Address

26 10201 N. Port Washington Rd.

4. FEI Number

39-1936987

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Mequon, WI

City & State

28 Mequon, WI

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 53092

Country

25 USA

Zip

29 53092

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

SEE ATTACHMENT

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick A. Roberts

3/30/99

Daytime Phone #

414-241-7140

CR2E034 (1.1/98)

DORAL DENTAL SERVICES OF FLORIDA, INC.
LIST OF CORPORATE OFFICERS

Doc-298/000067252
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FIRST NAME	MIDDLE INITIAL	LAST NAME	HOME ADDRESS	SOCIAL SECURITY NUMBER	TITLE
GREGORY	J.	BORCA	10175 SHERMAN ROAD CEDARBURG, WI 53012	394-88-4786	PRESIDENT
RONALD	A.	BRUMMEYER	1633 NORTH PROSPECT AVENUE APT. #20A MILWAUKEE, WI 53202	389-74-4689	VICE PRESIDENT
CRAIG	R.	KASTEN	10829 NORTH HADDONSTONE PLACE MEQUON, WI 53092	395-58-8895	DIRECTOR
PATRICK	A.	ROBERTS	3101 ROLAINE PARKWAY HARTFORD, WI 53027	393-52-1325	TREASURER
WENDY		SIMMONS	405 RAMAKER AVENUE CEDAR GROVE, WI 53014	391-76-2908	SECRETARY