AMENDED PROFIT CORPORATION ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

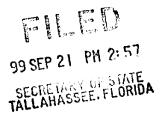
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P98000077218



PEMBROKE	PINES	DENTAL	HEALTH	CENTER,	INC

851 N.W. 125 Ave. Pembroke Pines, FL	c/o Rafael Sanch 1101 Brickell Av Miami, FL 33131	e, Ste 1400	DO NOT WRITE IN THIS	S SPACE		
33028 Suite # 170	Miami, 12 33/3/		3. Date Incorporated or Qualifed			
2 Program Program of Business	2a. Mailing Address		4.t _{FEI Number} 65-0080371	Applied For Not Applicable		
Since April #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
Z (m. 15) City & State S	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Country (25)	Zip	Country 30	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No		
9. Name and Address of	Current Registered Agent		10. Name and Address of New Registered	Agent		
		81 Name				
Rafael Sanchez-Ab		82 Street Address (P.O. Box Number is Not Acceptable)				
Suite 1400		83				
Miami, FL 33131		84 City		85 Zip Code		
		'	FL ration submits this statement for the purpose of	.		
P/D Erro, Juan Ca		1.1 TITLE 1.2 NAME		☐ Change ☐ Additio		
7 / 1851 N.W. 125	~ ~ ~	1.3 STREET ADDRESS		and the same arms and the		
Pembroke Pine	s, FL 33028	1.4 CITY-ST-ZIP	<u> </u>	Marian Ma		
',	DELETE	2.1 TITLE	+*****61.25			
" \ Sootin, John		2 2 NAME	#####D1.€3	**********		
1851 N.W. 125		2 3 STREET ADDRESS				
Pembroke Pine	es, FL 33028	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition		
	C Deterie	3.2 NAME		G		
•		33 STREET ADDRESS				
		34 CITY-ST-ZIP				
	Ĺ DELĒTE	4.1 TITLE		☐ Change ☐ Addition		
		4. 2 NAME				
		4.3 STREET ADDRESS				
		4.4 CITY-ST-ZIP				
	[DELETE	51 TITLE		☐ Change ☐ Addition		
		5 2 NAME				
		5.3 STREET ADDRESS				
		5.4 CITY-ST-ZIP				
	[] DELETE	6 1 TITLE		Change Addition		
		6 2 NAME	Te			
, i		63 STREET ADDRESS	119			

64 CITY-ST-ZIP

64 CITY-ST-ZIP

65 (The style of 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 are not the same legal effect as if made under oath, that I am an error of the corporation of the deciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath, that I am an error of the corporation of the deciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath, that I am an error of the corporation of the corporation of the deciver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Juan Carlos Erro, D.D.S. 8/ /99

NATURATION THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

(954) 437-2040

CR2E034 (11/98)