

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 # P98000077218

1. Corporation Name

PEMBROKE PINES DENTAL HEALTH CENTER, INC.

Principal Place of Business

1851 N.W. 125 Ave.
Pembroke Pines, FL
33028 Suite # 170

Mailing Address

c/o Rafael Sanchez-Aballi
1101 Brickell Ave, Ste 1400
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0080371

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 9. Name and Address of Current Registered Agent

Rafael Sanchez-Aballi
1101 Brickell Avenue
Suite 1400
Miami, FL 33131

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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

P/D

Erro, Juan Carlos, D.D.S.

1851 N.W. 125 Avenue #170

Pembroke Pines, FL 33028

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

600002996826--4

-03/24/99-01087-006 Addition

*****61.25 *****61.25

v/s/d

Sootin, John V., D.D.S.

1851 N.W. 125 Avenue #170

Pembroke Pines, FL 33028

☐ DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

TS

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 included in 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 the report.

SIGNATURE:

Type or printed name of signing officer or director

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

(954) 437-2040

Date

Daytime Phone #

CR2E034 (11/98)