Date Due: 05/01/00 Amount Due: $150.00 If After Due Date: $550.00

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Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90181 043 ***150.00

CORPORATION ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P99000089699

Weston Dental Enterprises, Inc.
c/o 7162 Pembroke Road
Miramar, FL 33023

B0036638

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE $	ANNUAL REPORT $ + $ 75 CORPORATION SUPPLEMENTAL FEE
	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 10/7/99
3a. Date of Last Report:

4. FEI Number: 65-0953813 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address	2a. Principle Place of Business
21 c/o 7162 Pembroke Rd.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miramar, FL 33023	28 City & State
24 Zip: 33023 — 25 Country: Broward	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

Guillermo P. Rodriguez
5790 Castlegate Ave.
Davie, FL

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 — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, *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 _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	Rodriguez, Guillermo	1.2 NAME	
1.3 ADDRESS	5790 Castlegate Ave.	1.3 ADDRESS	
1.4 CITY-ST-ZIP	Davie, FL	1.4 CITY-ST-ZIP	
2.1 TITLE	VPS	2.1 TITLE	
2.2 NAME	Moosavi, Azita	2.2 NAME	
2.3 ADDRESS	407 Mallard Rd.	2.3 ADDRESS	
2.4 CITY-ST-ZIP	Weston, FL 33327	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Azita Moosavi DATE 2/25/00

Print/Type Name of Signing Officer or Director: AZITA MOOSAVI
Title(s): Vice President
Daytime Telephone Number: (954) 384-8484