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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87437

1. Corporation Name
OLD CUTLER DENTAL ASSOCIATES, PA.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
20335 OLD CUTLER RD. #200
MIAMI FL 33189 US

Mailing Address
100 MANSELL COURT EAST
SUITE 400
ROSWELL GA 30076
US

3. Date Incorporated or Qualified
10/14/1991

2. Principal Place of Business
21. Mailing Address
26.

4. FEI Number
65-0291715
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. City & State
28.

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

Zip
Country
24. Zip
Country
25. Zip
Country
29. Zip
Country
30.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPELIOS, LOUIS G.
20335 OLD CUTLER RD
STE 200
MIAMI FL 33189

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Entries include Louis G. DMD Spelios.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Entries include DPST, Dr. Miguel Montilla, and Dr. Charles L. Ross Jr.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999 (800) 444-1047
Date Daytime Phone #

CR2E034 (1/98)