FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39245** **(8)**

1. Corporation Name

DENTAL MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
9245 SW 157 ST. SUITE 207 MIAMI FL 33157 US	P.O. BOX 16-1110 MIAMI FL 33116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0350418	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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAHMAD, MAURICE H 13931 S.W. 92 AVE. MIAMI FL 33176	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

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
Title	P	1 Title	☐ Change ☐ Addition
Name	NAHMAD, MAURICE H	1 Name	
Street Address	13931 S.W. 92 AVE.	1 Street Address	
City-St-Zip	MIAMI FL	1 City-St-Zip	
Title		2 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		2 Street Address	
City-St-Zip		2 City-St-Zip	
Title		3 Title	☐ Change ☐ Addition
Name		3 Name	
Street Address		3 Street Address	
City-St-Zip		3 City-St-Zip	
Title		4 Title	☐ Change ☐ Addition
Name		4 Name	
Street Address		4 Street Address	
City-St-Zip		4 City-St-Zip	
Title		5 Title	☐ Change ☐ Addition
Name		5 Name	
Street Address		5 Street Address	
City-St-Zip		5 City-St-Zip	
Title		6 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		6 Street Address	
City-St-Zip		6 City-St-Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: [signature] 5-1-95 305-233-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206819 CP