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Mar 02, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39245

1. Corporation Name

DENTAL MANAGEMENT CONSULTANTS, INC.



Principal Place of Business 2260 SW 8TH STREET MIAMI FL 33135 US	Mailing Address 2260 SW 8TH STREET MIAMI FL 33135 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/28/1992		4. FEI Number 65-0350418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing <input type="checkbox"/>		Trust Fund Contribution		5. \$8.75 Additional Fee Required		5. \$5.00 May Be Added to Fees	
6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No									

9. Name and Address of Current Registered Agent NAHMAD, MAURICE H. 8601 SW 129 TERRACE MIAMI FL 33156				10. Name and Address of New Registered Agent 81 Name JOSE M. GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 2260 S.W. 8TH ST. 83 84 City Miami FL 85 Zip Code 33135			
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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 Jose M. Garcia DATE 1/15/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	PRIETO, ROGER DR	1.1 TITLE		1.2 NAME	
STREET ADDRESS	2260 SW 8TH STREET	CITY-ST-ZIP	MIAMI FL 33135	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	VD	NAME	CRUZ, LUIS DR	2.1 TITLE	President	2.2 NAME	Luis Cruz
STREET ADDRESS	2260 SW 8TH STREET	CITY-ST-ZIP	MIAMI FL 33135	2.3 STREET ADDRESS	2260 S.W. 8TH ST.	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	SD	NAME	ERAZO, ALDO	3.1 TITLE	Director	3.2 NAME	Ramiro CASANAS
STREET ADDRESS	2260 SW 8TH STREET	CITY-ST-ZIP	MIAMI FL 33135	3.3 STREET ADDRESS	2260 S.W. 8TH ST.	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		NAME		4.1 TITLE	Director	4.2 NAME	GERRADO A. NECUJE
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	2260 SW 8TH ST.	4.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		NAME		5.1 TITLE	SECRETARY	5.2 NAME	JOSE M. GARCIA
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	2260 SW 8TH ST.	5.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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: Ramiro Casanas DATE: 1/15/99 (305) 642-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CFU Daytime Phone #

CR2E034 (11/98)