


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M13604**

1. Entity Name  
 163RD DENTAL, P.A.



Principal Place of Business      Mailing Address

16235 NE 11 COURT      16235 NE 11 COURT  
 N MIAMI BCH., FL 33162      N MIAMI BCH., FL 33162      US



02112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2509088      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, STANFORD  
 16235 NE 11 COURT  
 N MIAMI BCH., FL 33162

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANE, STANFORD 16235 N.E. 11 CT. N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KANE, FREDERICK 16235 NE 11 COURT N. MIAMI BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/21/05-30090-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanford Kane*      Date: 2/15/05      Daytime Phone #: 305 9473430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR