


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 005 ****70.00

DOCUMENT # N30019
 1. Entity Name
 WEST DADE DENTAL SOCIETY, INC.



Principal Place of Business
 C/O CARLOS B. PARGAS, CPA
 7700 N KENDALL DR SUITE 515
 MIAMI, FL 33156 US

Mailing Address
 C/O CARLOS B. PARGAS, CPA
 7700 N KENDALL DR SUITE 515
 MIAMI, FL 33156 US

54000646



2. Principal Place of Business
 C/O Carlos B. Pargas, CPA
 Suite, Apt. #, etc.
 7700 N. Kendall Dr., Ste. 515

3. Mailing Address
 C/O Carlos B. Pargas, CPA
 Suite, Apt. #, etc.
 7700 N. Kendall Dr., Ste 515

01082004 Chg-NP CR2E037 (10/03)

City & State
 Miami, FL

City & State
 Miami, FL 33156

Zip Country
 33156 US

Zip Country
 33156 US

4. FEI Number
 65-0100640

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAMAS, WILLIAM
 6600 COW PEN ROAD
 SUITE 240
 MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent
 Name Francisco Hernandez
 Street Address (P.O. Box Number is Not Acceptable)
 801 N.W. 37 Ave., Ste #203
 City Miami, FL Zip Code 33125

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 *Francisco E. Hernandez* 1/8/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLEDO, GILBERT 7765 S.W. 87 AVE. SUITE 109 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Toledo, Gilbert 7765 S.W. 87 Ave., Ste. 109 Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SULGUIREO, RITA E 7171 CORAL WAY SUITE 217 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Jeannette Pena Hall 5990 S.W. 40 St. Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVUA, JOAQUIN A 5730 S.W. 74 TERR. MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP*	PD Francisco Hernandez 801 N.W. 37 Ave., Ste #203 Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, ALBERT 11141 SW 64 AVE PINECREST, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jose Barros 8966 S.W. 87 CT Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *Francisco E. Hernandez* 1/8/04 305-541-5552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #