

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90247 041 ***150.00

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1. Entity Name
**FAMILY AND COSMETIC DENTISTRY OF TEMPLE
TERRACE, P.A.**

Principal Place of Business
**224 E BULLARD PKY
TEMPLE TERRACE, FL 33617**

Mailing Address
**224 E BULLARD PKY
TEMPLE TERRACE, FL 33617**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4464557** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABRERA, FERNANDO
621 GREENWICH DR
TAMPA, FL 33647**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D CABRERA, LUZ E 6214 GREENWICH DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-06 .
Date Daytime Phone #