


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000085491
 1. Entity Name
DENTAL PARTNERS OF WESTON, INC.



Principal Place of Business
**2721 EXECUTIVE PARK DR. SUITE 1
 WESTON, FL 33331**

Mailing Address
**2721 EXECUTIVE PARK DR. SUITE 1
 WESTON, FL 33331**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1146452

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLAZO, RALPH C
 801 WEST 49TH STREET
 #224
 HIALEAH, FL 33012**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	PTD COLLAZO, RALPH C 2721 EXECUTIVE PARK DR. SUITE 1 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BRETOS, ALEXANDER L 2721 EXECUTIVE PARK DR. SUITE 1 WESTON, FL 33331
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 04/16/04-80030-005 150.00

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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)(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 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:  **4/11/04** **385-5855**

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