


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000085491

1. Entity Name
DENTAL PARTNERS OF WESTON, INC.



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



02032006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-1148452 Not Applicable

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

(Faint text, possibly a watermark or stamp)

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 re-registering) DATE

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

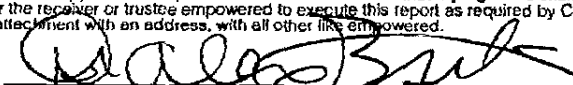
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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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 03/16/06-80058-019 150.00

DO NOT WRITE

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:  **3-1-06**

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