

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033983

1. Entity Name
 WESTON FAMILY DENTAL CENTER, INC.



Principal Place of Business
 1350 S.W. 160TH AVE.
 WESTON, FL 33326

Mailing Address
 1350 S.W. 160TH AVE.
 WESTON, FL 33326



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 05-0560957

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEVEL, DENNIS S
 18431 MIRAMAR PKWY
 MIRAMAR, FL 33029

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

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 PT
 NAME DIFILIPPO, STEVEN
 STREET ADDRESS 18621 SW 44TH ST
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VS
 NAME SEVEL, DENNIS
 STREET ADDRESS 2445 PROVENCE CIRCLE
 CITY-ST-ZIP WESTON, FL 33327

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 05/31/05-80006-010 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS SEVEL

Date

Daytime Phone #

4/28/05

(954)385-9240