

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124911

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: SOUTHWEST BROWARD DENTAL ASSOCIATES, P.A.

## Current Principal Place of Business:

18503 PINES BLVD.  
SUITE 305  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

## Current Mailing Address:

18503 PINES BLVD.  
SUITE 305  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

FEI Number: 32-0158830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BETANCUR, ALVARO  
18503 PINES BLVD.  
SUITE 305  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

BETANCUR, ALVARO  
581 PHILLIPS DR  
BOCA RATON, FL 33432 US

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.

SIGNATURE:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BETANCUR, ALVARO L  
Address: 3401 NORTH FEDERAL HWY. SUITE 101  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP ( ) Delete  
Name: BETANCUR, ROSA  
Address: 581 PHILIPS DRIVE  
City-St-Zip: BOCA RATON, FL 33432 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BETANCUR, CECILIA  
Address: 581 PHILIPS DRIVE  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO BETANCUR

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date