

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 014 ***150.00

DOCUMENT # P95000019093

1. Entity Name
AESTHETIC & FAMILY DENTAL CARE, INC.



Principal Place of Business

9884 SOUTHERN BLVD.
WEST PALM BEACH, FL 33411

Mailing Address

9884 SOUTHERN BLVD.
WEST PALM BEACH, FL 33411

new address: 10440 W. Forest Hill Blvd., Suite 140
Wellington, FL 33414

44044337



DO NOT WRITE IN THIS SPACE

04102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0571265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SADATI, ABOULGHASEM S
6929 NE 8TH DR
BOCA RATON, FL 35487

**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)

4-27-04
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 P
NAME ABOULGHASEM, SADATI
STREET ADDRESS 20145 SOUTH KEY DRIVE
CITY-ST-ZIP BOCA RATON, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04
Date

591-753-8184
Daytime Phone #