

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90023 003 ***150.00

DOCUMENT # P95000019093

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



Principal Place of Business
**10140 W FOREST HILL BLVD STE 140
WELLINGTON, FL 33414**

Mailing Address
**10140 W FOREST HILL BLVD STE 140
WELLINGTON, FL 33414**

40010000



DO NOT WRITE IN THIS SPACE

01052005 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~~ 33487**

**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

2-10-05

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ABOULGHASEM, SADATI 20145 SOUTH KEY DRIVE 6929 NE 8th Dr BOCA RATON, FL 33441 Boca Raton, FL 33487
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**DO NOT WRITE
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

Date

561-753-8484

Daytime Phone #