


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000106347

1. Entity Name
 ANA T. SOTERAS, D.D.S., P.A.



Principal Place of Business
 4827 NW 183 STREET
 MIAMI, FL 33055

Mailing Address
 4827 NW 183 STREET
 MIAMI, FL 33055

2. Principal Place of Business
 Suite, Apt #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt #, etc
 City & State
 Zip Country



01072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SOTERAS, ANA T
 4827 NW 183 STREET
 MIAMI, FL 33055

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SOTERAS, ANA T	4827 NW 183 STREET	MIAMI, FL 33055	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 04/20/04-80040-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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: ANA T. SOTERAS 3/24/04 (305) 622-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (OWNER) Date Daytime Phone #