

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358096

FILED
Mar 31, 2004
Secretary of State

Entity Name: MIAMI DENTAL ARTS, INC.

Current Principal Place of Business:

11025 N.W. 29TH ST.
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

11025 N.W. 29TH ST.
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-1320574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELISON, DALE
11025 N.W. 29TH ST.
MIAMI, FL 33172

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORNELISON, DALE P,
Address: 12500 CRESCENT WAY
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: PERNAS, TAMMIE S.
Address: 22601 S.W. 180TH COURT
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: CORNELISON, CAROL J,
Address: 12500 CRESCENT WAY
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORNELISON, DALE P,
Address: 12500 CRESCENT WAY
City-St-Zip: MIAMI, FL 33156

Title: V (X) Change () Addition
Name: PERNAS, TAMMIE S.
Address: 22601 S.W. 180TH COURT
City-St-Zip: MIAMI, FL 33170

Title: ST (X) Change () Addition
Name: CORNELISON, CAROL J,
Address: 12500 CRESCENT WAY
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMMIE S. PERNAS

VP

03/31/2004

Electronic Signature of Signing Officer or Director

Date