


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 031 ***150.00

DOCUMENT # 463255

1. Entity Name
 PERIODONTAL SOLUTIONS OF SOUTH FLORIDA, P.A.



40013870



01142005 No Chg-P CR2E034 (10/03)

Principal Place of Business
 7600 RED ROAD, SUITE 216
 SOUTH MIAMI, FL 33143-5487

Mailing Address
 7600 RED ROAD, SUITE 216
 SOUTH MIAMI, FL 33143-5487

DO NOT WRITE IN THIS SPACE

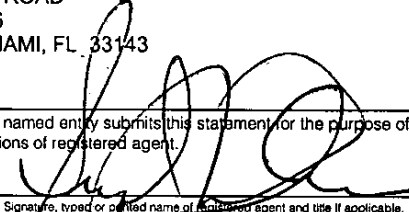
4. FEI Number 59-1551473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHASE, STEPHEN F
 7600 RED ROAD
 SUITE 216
 SOUTH MIAMI, FL 33143

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

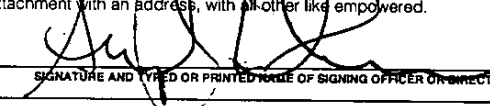
FILE NOW!!! - FEE IS \$150.00 -
After May 1, 2005 Fee will be \$550.00

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 CHASE, STEPHEN F 7600 RED ROAD SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CHASE, STEPHEN F 7600 RED ROAD SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIREZ, JORGE L 7600 RED ROAD SUITE 216 SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 2/10/05 (305) 465 6575 Daytime Phone #