

DOCUMENT # 540094

1. Entity Name  
JUAN R. RIOS, D.D.S., P.A.

Principal Place of Business      Mailing Address  
9580 BIRD ROAD      9580 BIRD ROAD  
MIAMI FL 33165      MIAMI FL 33165  
US      US

2. Principal Place of Business      3. Mailing Address  
9580 BIRD RD.      9580 BIRD RD.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
A      A  
City & State      City & State  
MIAMI- FL      MIAMI- FL  
Zip      Zip  
33165      33165  
Country      Country  
MIAMI-DADE      MIAMI-DADE

6. Name and Address of Current Registered Agent  
RIOS, JUAN R.  
918 MALAGA AVE.  
CORAL GABLES FL 33134

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.  
SIGNATURE: *Juan R. Rios, D.D.S., P.A.*      DATE: 1-6-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution. ☐      Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> Delete
NAME	RIOS, D.D.S., JUAN R.
STREET ADDRESS	918 MALAGA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD <input type="checkbox"/> Delete
NAME	RIOS, D.D.S., JUAN R.
STREET ADDRESS	918 MALAGA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan R. Rios, D.D.S.*      DATE: 1-6-01      DAYTIME PHONE: (305) 223-0949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90043 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)