


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 603256 1. Entity Name HIALEAH DENTAL HEALTH CENTER, P.A.	
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Principal Place of Business 935 WEST 49TH STREET, STE 101 HIALEAH, FL 33012 US	Mailing Address 935 WEST 49TH STREET, STE 101 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1367832	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
 701 BRICKELL AVE
 SUITE # 1900
 MIAMI, FL 33131

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 _____ 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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000607239
 01/31/07-80029-011 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOOTIN, JOHN V 15450 NEW BARN ROAD STE 101 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERRO, JUAN CARLOS 15450 NEW BARN ROAD STE 101 MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John Peter Sootin* **JOHN V. SOOTIN** 1/29/07 308821701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #