


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 18, 2005 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| DOCUMENT # 603509<br>1. Entity Name<br>YEH AND QUESADA, M.D.S, P.A. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>8950 N KENDALL DRIVE<br>STE 501<br>MIAMI, FL 33176 | Mailing Address<br>8950 N KENDALL DRIVE<br>STE 501<br>MIAMI, FL 33176 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



07052005 No Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>59-1431699  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

YEH, BILLY K.  
8950 N KENDALL DRIVE  
# 501  
MIAMI, FL 33176

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>YEH, BILLY K.<br>8950 N KENDALL DR<br>MIAMI, FL 33176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>QUESADA, RAMON<br>8950 N KENDALL DR<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

070000373112  
07/18/05-80002-013 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  Date: July 12, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #