


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 603509
 1. Entity Name
YEH AND QUESADA, M.D.S., P.A.



Principal Place of Business: **8950 N KENDALL DRIVE STE 501 MIAMI FL 33176**
 Mailing Address: **8950 N KENDALL DRIVE STE 501 MIAMI FL 33176**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
**YEH, BILLY K.
 8950 N KENDALL DRIVE # 501
 MIAMI FL 33176**

4. FEI Number: **59-1431699** Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

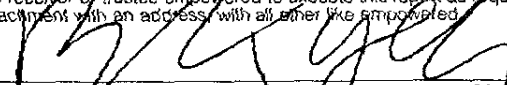
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: YEH, BILLY K. STREET ADDRESS: 8950 N KENDALL DR CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE: U00000444200 NAME: 03/06/06-80037-019 150.00 STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: VSD NAME: QUESADA, RAMON STREET ADDRESS: 8950 N KENDALL DR CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-20-06