2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711073

FILED Apr 25, 2005 Secretary of State

Entity Name: THE GREATER MIAMI ACADEMY OF ORTHODONTISTS, INC.

Current Principal Place of Business:				New Principal Place of Business:				
8903 GLADES ROAD				8903 GLADES ROAD D-6				
D-6 BOCA RATON, FL 33433				BOCA RATON, FL 33434				
Current Mailing Address:				New Mailing Address:				
8903 GLADES ROAD D-6				8903 GLADES ROAD D-6				
BOCA RATON, FL 33433				BOCA RATON, FL 33434				
FEI Number: 59-6174407 FEI Number Applied For () FEI Nur				mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:			
QUINTERO, JUAN C 5712 SW 77 TERRACE MIAMI, FL 33156 US				WOHLGEMUTH, PETER S 8903 GLADES RD D-6 BOCA RATON, FL 33434 US				
The above in the State		ubmits this statement for the p	urpose o	of changing it	s registered o	office or registered ag	gent, or both,	
SIGNATURE: PETER WOHLGEMUTH						04/25/2005		
	Electroni	c Signature of Registered Age	nt			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () I QUINTERO, JUA 5712 S.W. 77 TE MIAMI, FL 3315	ERR		Title: Name: Address: City-St-Zip:	D (X QUINTERO, JU 5712 S.W. 77 T MIAMI, FL 331	TERR		
Title: Name: Address: City-St-Zip:	D () I HABER, ISSAC 8701 SW 137 AV MIAMI, FL 3318			Title: Name: Address: City-St-Zip:	TRS (X EDERS, JEFF LE CHALET BL BOYNTON BEA			
Title: Name: Address: City-St-Zip:	VPD () I NORENA, FELIP 1850 NOB HILL I PLANTATION, FL	RD		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () I WOHLGEMUTH, 8803 GLADES R BOCA RATON, F	OAD #D6		Title: Name: Address: City-St-Zip:	P (X WOHLGEMUTH 8803 GLADES BOCA RATON,	ROAD #D6		
Title: Name: Address: City-St-Zip:	ED () I KING, ROY 24 LOXAHATCHI JUPITER, FL 33			Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	TD () I BRILLIANT, MAR 951 NE 167TH MIAMI, FL 3316	STREET, #104		Title: Name: Address: City-St-Zip:	()) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER WOHLGEMUTH PRES 04/25/2005