2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2006
Secretary of State

DOCUMENT# 731062

Entity Name: THE SOUTHEAST FLORIDA ACADEMY OF GENERAL DENTISTRY, INC.

Current Principal Place of Business:

C/O DR JOSE GUREVICH
8000 SW 40 ST
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

C/O DR JOSE GUREVICH
8000 SW 40 ST
MIAMI, FL 33155 US

New Mailing Address:

DR IRVING N CARVAJAL
10114 SW 107 AVE
MIAMI, FL 33176 US

FEI Number: 65-0725666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUREVICH, JOSE DR
6000 SW 40 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PE ( ) Delete
Name: RODRIGUEZ, JULIO
Address: 7100 SW 99 AVE
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete
Name: CARVAJAL, IRVING N
Address: 10114 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: BRAND, SANDRA
Address: 299 ALHAMBRA CIR.
City-St-Zip: CORAL GABLES, FL 33143

Title: P ( ) Delete
Name: MORALES, RICHARD
Address: 229 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: AGUIERRE, ELIZABETH
Address: 10618 SW 69 TERR.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: IRVING N CARVAJAL T 05/07/2006
Electronic Signature of Signing Officer or Director — Date