2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# 755185

Entity Name: CEOLA-HELO DENTAL ASSOCIATION, INC. (ADCH)

Current Principal Place of Business:

PO BOX 441805
MIAMI, FL 33144 US

New Principal Place of Business:

8500 WEST FLAGLER
B-201
MIAMI, FL 33144 US

Current Mailing Address:

PO BOX 441805
MIAMI, FL 33144 US

New Mailing Address:

10114 SW 144 ST
MIAMI, FL 33176

FEI Number: 65-0146194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUJAN, ALDO JR
8500 WEST FLAGLER ST.
B-201
MIAMI, FL 33144 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:	P	( ) Delete
Name:	ROMAN, MAXIMO	
Address:	747 PONCE DE LEON BLVD. SUITE 301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	T	( ) Delete
Name:	TAVERAS, SONIA	
Address:	325 NW 119 AVENUE	
City-St-Zip:	MIAMI, FL 33182	
Title:	VT	( ) Delete
Name:	HOYOS, ROSSANA	
Address:	1800 W 49 STREET SUITE 116	
City-St-Zip:	HIALEAH, FL 33012	
Title:	VS	( ) Delete
Name:	SOUTO, MARIA	
Address:	6512 CORAL WAY	
City-St-Zip:	MIAMI, FL 33155	
Title:	VP	(X) Delete
Name:	CARVAJAL, IRVING	
Address:	10114 SW 107 AVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	S	( ) Delete
Name:	HERNANDEZ, MARIA A	
Address:	2500 SW 107 AVENUE SUITE 45	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	CARVAJAL, IRVING	
Address:	10114 SW 107 AVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	VP	(X) Change ( ) Addition
Name:	TAVERAS, SONIA	
Address:	325 NW 119 AVENUE	
City-St-Zip:	MIAMI, FL 33182	
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 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 DR 02/28/2008
Electronic Signature of Signing Officer or Director — Date