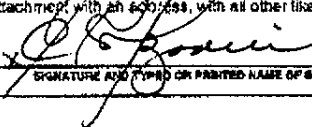


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # G62789 1. Entity Name ELDA CALZADILLA, D.M.D., P.A.			
Principal Place of Business 3711 SW 107TH AVE MIAMI, FL 33165		Mailing Address 3711 SW 107TH AVE MIAMI, FL 33165	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CALZADILLA, ELDA 3711 SW 107TH AVE MIAMI, FL 33165		DO NOT WRITE 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 _____ Signature typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000135491 04/28/04-80058-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALZADILLA, ELDA 849 PARADISO AVE. CORAL GABLES, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 title empowered.			
SIGNATURE:  Elda Calzadilla		4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	