

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 034 ***158.75

DOCUMENT # G65933

1. Entity Name

NORTH WEST DENTAL CENTER, INC.



Principal Place of Business

157 NW 36TH ST
MIAMI FL 33127

Mailing Address

157 NW 36TH ST
MIAMI FL 33127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

City & State

4. FEI Number

59-2328103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTUN CARRERA, CATALINO R
157 N.W. 36 STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

DR. ILIANA M CABEZA

Street Address (P.O. Box Number is Not Acceptable)

157 N.W. 36 ST,

City

MIAMI

FL

Zip Code

33127

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

(NOTE: Registered Agent signature required when reinstating)

04-24-06

DATE

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

TITLE P ☐ Delete
NAME CANTUN CARRERA, CATALINO R
STREET ADDRESS 157 NW 36TH ST
CITY-ST-ZIP MIAMI FL 33127

TITLE TM ☐ Delete
NAME CABEZA, ILIANA
STREET ADDRESS 157 N.W. 36TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Change ☐ Addition
NAME
STREET ADDRESS DR. ILIANA CABEZA
CITY-ST-ZIP 157 N.W. 36 ST, MIAMI, FL 33127

TITLE V ☐ Change ☐ Addition
NAME CANTUN CARRERA, CATALINO R.
STREET ADDRESS 157 N.W. 36 ST, MIAMI, FL 33127

TITLE C ☐ Change ☐ Addition
NAME ANICETO E. MCALLISTER
STREET ADDRESS 157 N.W. 36 ST, MIAMI, FL 33127

TITLE C ☐ Change ☐ Addition
NAME ISAAC MCALLISTER
STREET ADDRESS 157 N.W. 36 ST, MIAMI, FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06

Date

(305) 576-4387

Daytime Phone #