


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2008 08:00 AM  
Secretary of State

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 - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
--	--

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2328103	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent  DR. ILIANA N. CABEZA 157 N.W. 36 STREET MIAMI FL 33127	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (If Officer Registered Agent signature required when removing agent)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTUN CARRERA, CATALINO R 157 NW 36TH ST MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABEZA, ILIANA DR 157 N.W. 36TH ST. MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCALLISTER, ANICETO E 157TH NW 36TH ST. MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCALLISTER, ISAAC 157TH NW 36TH ST. MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U000000832814 02/27/08-80073-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and all other like empowered.

SIGNATURE: *(Iliona Cabeza) DDS* 02-14-08 (305) 576-4387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR