

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56789

FILED
Apr 01, 2008
Secretary of State

Entity Name: HIALEAH DENTAL OFFICE OF DR. LESTER, P.A.

Current Principal Place of Business:

1770 W 68TH STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1770 W 68TH STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 59-2595727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSERMAN, JEFFREY P.
5950 WASHINGTON ST.
SUITE 401
HOLLYWOOD, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LESTER, DR. MANUEL,
Address: 11601 SW 106TH TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL LESTER

DR.

04/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date