

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K31835**

1. Entity Name  
**COUNTRY CLUB DENTAL OFFICE, INC.**



Principal Place of Business  
**18652 N.W. 67TH AVE.  
MIAMI, FL 33015**

Mailing Address  
**18652 N.W. 67TH AVE.  
MIAMI, FL 33015**



08192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. F.S. Number  
**65-0068184**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OLIVARES, SONIA  
8201 N.W. 165 TERRACE  
MIAMI, FL 33016**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

U000000170608

08/23/04-80002-023 \$50.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OLIVARES, SONIA
STREET ADDRESS	8201 N.W. 165TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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

Date **8/19/04** Daytime Phone # \_\_\_\_\_