2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L08310

Entity Name: FAMILY DENTISTRY II, P.A.

Current Principal Place of Business:

2625 EXECUTIVE PARK DR #2
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

2625 EXECUTIVE PARK DR #2
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 65-0140275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLICHTE, PAUL G ESQ.
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 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: P ( ) Delete
Name: RODRIGUEZ, GUILLERMO
Address: 5790 CASTLEGATE AVE.
City-St-Zip: DAVIE, FL

Title: VPS ( ) Delete
Name: MOOSAVI, AZITA
Address: 2488 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: AZITA MOOSAVI V 01/05/2005

Electronic Signature of Signing Officer or Director Date