

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51250

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: DE CARDENAS DENTAL CLINIC, P.A.

## Current Principal Place of Business:

5376 WEST 16TH AVENUE  
HIALEAH, FL 33012

## New Principal Place of Business:

8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016

## Current Mailing Address:

5376 WEST 16TH AVENUE  
HIALEAH, FL 33012

## New Mailing Address:

8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016

FEI Number: 65-0170728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE CARDENAS, ALBERTO A.  
5376 WEST 16TH AVENUE  
HIALEAH, FL 33012

## Name and Address of New Registered Agent:

DE CARDENAS, ALBERTO A.  
8060 NW 155 STREET  
SUITE 200  
MIAMI LAKES, FL 33016

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:

01/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE CARDENAS, ALBERTO, A.  
Address: 8243 NW 165 ST  
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD ( ) Delete  
Name: DE CARDENAS, LISSETT,  
Address: 8243 NW 165 ST  
City-St-Zip: MIAMI LAKES, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: DE CARDENAS, LISSETT,  
Address: 8243 NW 165 ST  
City-St-Zip: MIAMI LAKES, FL 33016

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: ALBERTO A DE CARDENAS

PRES

01/30/2004

Electronic Signature of Signing Officer or Director

Date