
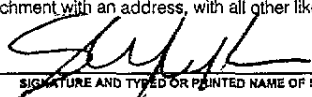


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M13604 1. Entity Name 163RD DENTAL, P.A.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 16235 NE 11 COURT N MIAMI BCH., FL 33162</td> <td style="width: 50%;">Mailing Address 16235 NE 11 COURT N MIAMI BCH., FL 33162 US</td> </tr> </table>			Principal Place of Business 16235 NE 11 COURT N MIAMI BCH., FL 33162
Principal Place of Business 16235 NE 11 COURT N MIAMI BCH., FL 33162	Mailing Address 16235 NE 11 COURT N MIAMI BCH., FL 33162 US		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent KANE, STANFORD 16235 NE 11 COURT N MIAMI BCH., FL 33162		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP		
NAME	KANE, STANFORD		
STREET ADDRESS	16235 N.E. 11 CT.		
CITY-ST-ZIP	N. MIAMI BEACH, FL		
TITLE	PT		
NAME	KANE, FREDERICK		
STREET ADDRESS	16235 NE 11 COURT		
CITY-ST-ZIP	N. MIAMI BCH., FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2509088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1000000442625
03/04/06-80030-001 150.00

**DO NOT WRITE
IN THIS SPACE**

2/13/06 301 947 3402
Date Daytime Phone #