


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M14436

1. Entity Name
MIAMI LAKES DENTAL HEALTH CENTER, P.A.



FILED

04 APR 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15450 NEW BARN RD. SUITE 101 MIAMI LAKES, FL 33014 US	Mailing Address 15450 NEW BARN RD. SUITE 101 MIAMI LAKES, FL 33014 US
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04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2538168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ABALLI, RAFAEL SANCHEZ ESQ.
1101 BRICKELL AVENUE STE 1400
MIAMI, FL 33131**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOOTIN, JOHN V 15450 NEW BARN ROAD STE 101 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERRO, JUAN CARLOS 15450 NEW BARN ROAD STE 101 MIAMI LAKES, FL 33014
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04/15/04 59-2538168-005 150.00

000033721900
04/23/04 01022-005 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 file 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 fee empowered.

SIGNATURE: _____ *[Signature]* Date: 4/14/04 Daytime Phone #: 805 557 7778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR