

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14436

FILED
May 05, 2005
Secretary of State

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

Current Principal Place of Business:

15450 NEW BARN RD.
SUITE 101
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

15450 NEW BARN RD.
SUITE 101
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 59-2538168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SOOTIN, JOHN V
Address: 15450 NEW BARN ROAD STE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: DP () Delete
Name: ERRO, JUAN CARLOS
Address: 15450 NEW BARN ROAD STE 101
City-St-Zip: MIAMI LAKES, FL 33014

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: JUAN C ERRO

PD

05/05/2005

Electronic Signature of Signing Officer or Director

_____ Date