


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # M14436		
1. Entity Name MIAMI LAKES DENTAL HEALTH CENTER, P.A.		
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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEIN, BRENT D 701 BRICKELL AVENUE STE 1900 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DS	
NAME	SOOTIN, JOHN V	
STREET ADDRESS	15450 NEW BARN ROAD STE 101	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	DP	
NAME	ERRO, JUAN CARLOS	
STREET ADDRESS	15450 NEW BARN ROAD STE 101	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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: <u>JUAN C ERRO</u> <u>SA</u> <u>1/24/07 3055577775</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01222007 No Chg-P CR2E034 (11/05)

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	

U00000609965
02/02/07-80002-008 158.75

**DO NOT WRITE
IN THIS SPACE**