

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M37639**

1. Entity Name  
**THE FALLS DENTAL CARE GROUP, P.A.**



Principal Place of Business      Mailing Address  
8729 SW 136TH ST.      8729 SW 136TH ST.  
MIAMI, FL 33176 US      MIAMI, FL 33176 US



03142005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-2712060      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DAVIDSON, DR BEATRIZ FRA  
710 PARADISO AVE  
CORAL GABLES, FL 33146

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐ Added to Fees

U000000268811  
03/18/05-80056-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      P  
NAME      DAVIDSON, DR BEATRIZ FRAGA  
STREET ADDRESS      710 PARADISO AVE  
CITY- ST- ZIP      CORAL GABLES, FL

TITLE      ST  
NAME      WIRTH, LINDA YUSMAN  
STREET ADDRESS      6495 SW 94 ST  
CITY- ST- ZIP      MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05      305-255-5330