

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 046 ***150.00



DOCUMENT # M52498
 1. Entity Name
INTEGRAL DENTAL CARE, P.A.

Principal Place of Business: **10550 NW 77 COURT, #220 HIALEAH FL 33016**
 Mailing Address: **10550 NW 77 COURT, #220 HIALEAH FL 33016**

2. Principal Place of Business: **Integral Dental Care P.A.**
 Suite, Apt. #, etc.: **8302 N.W 103ST #206**
 City & State: **Hialeah Gardens FL**
 3. Mailing Address: **P. O. Box 160490**
 Suite, Apt. #, etc.: **Hialeah, FL**
 City & State: **Hialeah, FL**
 Zip: **33016** Country: **33016**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
SANCHEZ, PEDRO M.
10550 NW 77 CT.
SUITE 220
HIALEAH GARDENS FL 33016

4. FEI Number: **59-2805179**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SANCHEZ, PEDRO M. STREET ADDRESS: 10550 NW 77 COURT, #220 CITY-ST-ZIP: HIALEAH FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: Pedro M Sanchez STREET ADDRESS: 8302 NW 103 Street, Suite 206 CITY-ST-ZIP: Hialeah Gardens FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X _____ **3/1/05 305556 9364**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #