


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 035 ***150.00

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



Principal Place of Business
 8302 NW 1035 #206
 HIALEAH, FL 33016

Mailing Address
 P O BOX 160490
 HIALEAH, FL 33016

40029340

2. Principal Place of Business
 8302 NW 103 St
 Suite, Apt. #, etc.
 206
 City & State
 Hialeah GARDENS
 Zip
 33016 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country



03022006 Chg-P CR2E034 (11/05)

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: Pedro M Sanchez
 Street Address (P.O. Box Number is Not Acceptable)
 8320 NW 103 Street # 206
 City: Hialeah FL Zip Code
 33016

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, PEDRO M 8302 NW 103RD ST STE 206 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MS 3/9/06 3055569364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #