


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 037 \*\*\*\*61.25

**DOCUMENT # N04000006008**

1. Entity Name  
**PAN-AMERICAN DENTRAL SOCIETY OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**P.O. BOX 136461  
 CLERMONT, FL 34713-6461**

Mailing Address  
**P.O. BOX 136461  
 CLERMONT, FL 34713-6461**

**50020464**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**52-2446725**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRES, ANIBAL V  
 1100 HWY 27  
 SUITE D  
 CLERMONT, FL 34713-6461**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | P                                | <input type="checkbox"/> Delete |
| NAME           | YDRACH, ARTURO                   |                                 |
| STREET ADDRESS | 5979 VINELAND ROAD STE 111       |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32819                |                                 |
| TITLE          | V                                | <input type="checkbox"/> Delete |
| NAME           | VARLEY, MICHAEL                  |                                 |
| STREET ADDRESS | 7635 ASHLEY PARK COURT SUITE 501 |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32835                |                                 |
| TITLE          | STD                              | <input type="checkbox"/> Delete |
| NAME           | TORRES, ANIBAL V                 |                                 |
| STREET ADDRESS | 1100 HWY 27 SUITE D              |                                 |
| CITY-ST-ZIP    | CLERMONT, FL 34711               |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | STD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TORRES, ANIBAL V.    |  |
| STREET ADDRESS | 1100 HWY 27, Suite D | <b>CORRECT SPELLING</b>  |
| CITY-ST-ZIP    | CLERMONT, FL 34711   |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/10/05** **3522431441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #