

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 005 ****70.00

DOCUMENT # N30019	
1. Entity Name WEST DADE DENTAL SOCIETY, INC.	



Principal Place of Business C/O CARLOS B. PARGAS, CPA 7700 N KENDALL DR SUITE 515 MIAMI, FL 33156 US	Mailing Address C/O CARLOS B. PARGAS, CPA 7700 N KENDALL DR SUITE 515 MIAMI, FL 33156 US
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2. Principal Place of Business C/O Carlos B. Pargas, CPA Suite, Apt. #, etc. 7700 N. Kendall Dr., Ste. 515 City & State Miami, FL Zip 33156 Country US		3. Mailing Address C/O Carlos B. Pargas, CPA Suite, Apt. #, etc. 7700 N. Kendall Dr., Ste 515 City & State Miami, FL 33156 Zip 33156 Country US	
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01082004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0100640		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAMAS, WILLIAM 6600 COW PEN ROAD SUITE 240 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Francisco Hernandez Street Address (P.O. Box Number is Not Acceptable) 801 N.W. 37 Ave., Ste #203 City Miami, FL Zip Code 33125	

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 Francisco E. Hernandez DATE 1/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLEDO, GILBERT 7765 S.W. 87 AVE. SUITE 109 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Toledo, Gilbert 7765 S.W. 87 Ave., Ste. 109 Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SULGUIREO, RITA E 7171 CORAL WAY SUITE 217 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Jeannette Pena Hall 5990 S.W. 40 St. Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVUA, JOAQUIN A 5730 S.W. 74 TERR. MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Francisco Hernandez 801 N.W. 37 Ave., Ste #203 Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, ALBERT 11141 SW 64 AVE PINECREST, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jose Barros 8966 S.W. 87 Ct Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 617, 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: Francisco E. Hernandez DATE 1/8/04 DAYTIME PHONE # 305-541-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR