

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30019

FILED
Sep 01, 2006
Secretary of State

Entity Name: WEST DADE DENTAL SOCIETY, INC.

Current Principal Place of Business:

C/O CARLOS B. PARGAS, CPA
7700 N KENDALL DR SUITE 515
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

C/O CARLOS B. PARGAS, CPA
7700 N KENDALL DR SUITE 515
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 65-0100640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAMAS, WILLIAM
801 NW 37 AVE STE #203
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

BARROS, JOSE FRANCISCO
7800 SW 87 AVE SUITE B-240
MIAMI, FL 33173 US

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.

SIGNATURE: JOSE FRANCISCO BARROS

09/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TOLEDO, GILBERT
Address: 7765 S.W. 87 AVE. SUITE 109
City-St-Zip: MIAMI, FL 33173

Title: PED () Delete
Name: HALL, JEANNETTE PENA
Address: 5990 SW 40 ST.
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: HERNANDEZ, FRANCISCO
Address: 801 N.W 37 AVE STE 203
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: BARROS, JOSE
Address: 8966 SW 87 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARROS, JOSE FRANCISCO
Address: 7800 SW 87 AVE SUITE B240
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FRANCISCO BARROS

SD

09/01/2006

Electronic Signature of Signing Officer or Director

Date