


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000005823 1. Entity Name FERREL DENTAL GROUP, P.A.	
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Principal Place of Business 16363 NW 67TH AVENUE MIAMI LAKES, FL 33014	Mailing Address 16363 NW 67TH AVENUE MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0973910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERREL, SORAIDA M 16363 NW 67TH AVENUE MIAMI LAKES, FL 33014	DO NOT WRITE IN THIS SPACE
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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 Soraida M. Ferrel President - DPST 02/23/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000065521 02/25/04-80041-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FERREL, SORAIDA M 16363 NW 67TH AVENUE MIAMI LAKES, FL 33014
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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: Soraida M. Ferrel 02/23/2004 305-821-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #