


Jul 17 07 10:37p

Jay Shapiro & Assoc's P.A.

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 001 ***150.00

**2007 FOR PRO FIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P000001 06718			
1. Entity Name KID'S DENTAL PLACE INC.			
Principal Place of Business 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324		Mailing Address 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GARCIA, KATHY 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324		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 _____ Signature, typed or printed name of registered agent; and the date if applicable. (NOTE: Registered Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, KATHY 3726 NE 208 ST AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAJARIAN, STEPHEN 3726 NE 208 ST AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 affidavit, with all other like empowered.			
SIGNATURE: <i>Kathy Garcia</i> President		Date: <i>7/19/07</i> (954) 472-1222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40126550



07172007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0975638 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required