


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 027 \*\*\*150.00

<b>DOCUMENT # P00000056846</b>	
1. Entity Name <b>H &amp; M DENTAL SERVICES, INC.</b>	

Principal Place of Business <b>872 W SUGARLAND HWY CLEWISTON, FL 33440</b>	Mailing Address <b>5115 S DIXIE HWY WEST PALM BEACH, FL 33405</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>6815 S. Dixie Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>West Palm Beach, FL</b>
Zip	Zip <b>33405</b>
Country	Country



01162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>HERNANDEZ, MARIO D.D.S. 5115 S DIXIE HWY WEST PALM BEACH, FL 33405</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6815 S. Dixie Hwy</b> City <b>West Palm Beach</b> FL Zip Code <b>33405</b>
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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 <b>Yudit D. Moya</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>3/31/08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERNANDEZ, MARIO D.D.S. 6695 CONCH COURT BOYNTON BEACH, FL 33437</b> <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
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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 address, with all other like empowered.

**SIGNATURE:** **OFFICE MANAGER** **3/26/08 (863) 983-5660**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #