



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000061274</b> 1. Entity Name D'COSTA DENTISTRY, P.A.	
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Principal Place of Business 103 S. U.S. HWY. ONE STE. D-4 JUPITER, FL 33477	Mailing Address 103 S. U.S. HWY. ONE STE. D-4 JUPITER, FL 33477
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**DO NOT WRITE IN THIS SPACE**



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1027421	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

FARIAS, MONICA  
103 S. U.S. HWY. ONE STE. D-4  
JUPITER, FL 33477

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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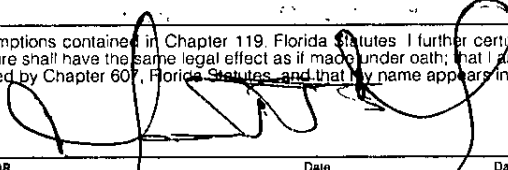
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIAS, MONICA 103 S. U.S. HWY. ONE STE. D-4 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MAURICE 103 S. U.S. HWY. ONE STE. D-4 JUPITER, FL 33477
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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:** Monica Farias  **7/24/2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #