## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082791

Entity Name: WILTON MANORS DENTAL, P.A.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2620 N ANDREWS AVENUE 164 N UNIVERSITY DRIVE SUITE 2 PEMBROKE PINES, FL 33024 WILTON MANORS, FL 33311

Current Mailing Address: New Mailing Address:

2620 N ANDREWS AVENUE 164 N UNIVERSITY DRIVE SUITE 2 PEMBROKE PINES, FL 33024 WILTON MANORS, FL 33311

FEI Number: 65-1038782 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, JACQUELINE
2620 N ANDREWS AVENUE
SUITE 2
WILTON MANORS, FL 33311 US

THOMPSON, JACQUELINE
164 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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: 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:HIBBERT, CONRAD VName:HIBBERT, CONRAD VAddress:2620 N ANDREWS AVENUE, SUITE 2Address:164 N UNIVERSITY DRIVECity-St-Zip:WILTON MANORS, FL 333112510City-St-Zip:PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONRAD HIBBERT P 04/26/2005