2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90055 037 ***150.00

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1. Entity Name
AV DENTAL, P.A.

Principal Place of Business	Mailing Address
2506 S. SEMORAN BLVD. CONWAY CENTER ORLANDO, FL 32822	2506 S. SEMORAN BLVD. CONWAY CENTER ORLANDO, FL 32822

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3670777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MYRNA
1036 GRAND DRIVE
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name Rodriguez, Myrna
Street Address (P.O. Box Number is Not Acceptable) 1036 Girard Drive
City Orlando FL Zip Code 32824

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] 3/16/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD RODRIGUEZ, MYRNA 2506 S. SEMORAN BLVD ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Director, Secretary Rodriguez, Myrna 2506 S. Semoran Blvd Orlando Fl 32822	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORES, ANIBAL 2506 S. SEMORAN BLVD ORLANDO, FL 32822	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/16/04 407-273-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #