

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2006
Secretary of State**

DOCUMENT# P00000101077

Entity Name: LEON DENTAL CENTER, INC.

Current Principal Place of Business:

17525 PINES BLVD,
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17525 PINES BLVD,
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1050940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, MARTIN I
17525 PINES BLVD.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEON, MARTIN I
Address: 17525 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD () Delete
Name: LEON, MARTIZA C
Address: 17525 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARTIN LEON DDS

PD

03/10/2006

Electronic Signature of Signing Officer or Director

_____ Date