


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000107121</b>		
1. Entity Name M.B.N. DENTAL SERVICES, INC.		
Principal Place of Business 820 SO. STATE ROAD 7 #2 PLANTATION, FL 33317	Mailing Address 820 SO. STATE ROAD 7 #2 PLANTATION, FL 33317	



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1058153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PEREZ-FLOWERS, ELIZABETH  
820 SO. STATE ROAD 7  
#2  
PLANTATION, FL 33317

**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 Elizabeth Flowers, D.M.D. DATE 4/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ-FLOWERS, ELIZABETH 820 SO. STATE ROAD 7 - #2 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FLOWERS, ROBERT 820 SO. STATE ROAD 7 - #2 PLANTATION, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000149070  
04-10-04 4-00100-002 100.00

**DO NOT WRITE  
IN THIS SPACE**

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: Elizabeth Flowers, D.M.D. x 4/24/04 (954) x 327-2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #