

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110051

FILED
Jan 24, 2005
Secretary of State

Entity Name: ORTHODONTICS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

851 WEST STATE RD 436
SUITE 1021
ALTAMONTE SPRING, FL 32714

New Principal Place of Business:

Current Mailing Address:

851 WEST STATE RD 436
SUITE 1021
ALTAMONTE SPRING, FL 32714

New Mailing Address:

FEI Number: 59-3682229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEJESUS, MARITZA
610 SITTLE EAGLE CT
CASSELBERRY, FL 32707 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: PVST () Delete
Name: DEJESUS, MARITZA
Address: 610 LITTLE EAGLE CT
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: DEJESUS, MARITZA
Address: 851 WEST STATE RD 436 SUITE 1021
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: M () Delete
Name: RALPH, CABAN
Address: 851 WEST STATE RD 436 SUITE 1021
City-St-Zip: ALTAMONTE SPRING, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RAFAEL CABAN

M

01/24/2005

Electronic Signature of Signing Officer or Director

Date