


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

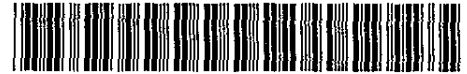
**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000003541**

1. Entity Name  
**BELL'S DENTAL SOLUTIONS, P.A.**



Principal Place of Business <b>6991 W BROWARD BLVD SUITE 102 PLANTATION FL 33317</b>	Mailing Address <b>6991 W BROWARD BLVD SUITE 102 PLANTATION FL 33317</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

5. Name and Address of Current Registered Agent <b>SMITH, EVERETT A ESQ. 1740 S.W. 68TH AVENUE PLANTATION FL 33317</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete <b>D BELL, DYONNE A D.M.D. 1740 S.W. 68TH AVENUE PLANTATION FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000323228 04/22/05-80048-002 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Dyonne Bell, DMD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/05** **(954) 327-5751**  
Date Daytime Phone #