


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P01000008404</b>	
1. Entry Name <b>J M DENTAL GROUP, INC.</b>	

Principal Place of Business <b>1470 N.W. 107TH AVENUE SUITE F MIAMI, FL 33172</b>	Mailing Address <b>1470 N.W. 107TH AVENUE SUITE F MIAMI, FL 33172</b>
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1071109</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORBERTO, HERNANDEZ  
1470 N.W. 107TH AVENUE  
SUITE F  
MIAMI, FL 33172**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (SEE INSTRUCTIONS) Signature and date when registering DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00**

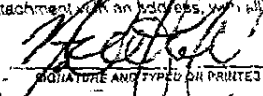
9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NORBERTO, HERNANDEZ 1470 NW 107 AVE STE F MIAMI, FL 33172</b>
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05/04/04-80060-087 150.00

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 authorized to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with original like empowered

SIGNATURE:  **N. HERNANDEZ, PRES** **4/30/04** **305-594-8666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expense Paid \$