


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000008404
 1. Entity Name
 J M DENTAL GROUP, INC.



| | |
|---|---|
| Principal Place of Business 1470 N.W. 107TH AVENUE SUITE F MIAMI, FL 33172 | Mailing Address 1470 N.W. 107TH AVENUE SUITE F MIAMI, FL 33172 |
|---|---|



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1071109 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | NORBERTO, HERNANDEZ |
| STREET ADDRESS | 1470 NW 107 AVE STE F |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |

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 02/08/08-80046-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, which I am like empowered.

SIGNATURE:  **Norberto Hernandez** 1/21/08 305-594-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #