2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013022

Address: City-St-Zip:

Entity Name: OPLANDO DOMINGUEZ D.M.D. P.A

9280 SW 150TH AVENUE SUITE 104

MIAMI, FL 33196

FILED Apr 30, 2006 Secretary of State

Littly Nan	IIE. ORLANDO DOMINGOLZ, D.M.	/, Γ.∕Λ.
Current Pi	incipal Place of Business:	New Principal Place of Business:
9280 SW 1 SUITE 104 MIAMI, FL		9280 SW 150 AVENUE SUITE 104 MIAMI, FL 33196 US
Current M	ailing Address:	New Mailing Address:
9280 SW 1 SUITE 104 MIAMI, FL		9280 SW 150 AVENUE SUITE 104 MIAMI, FL 33196 US
FEI Number:	65-1082192 FEI Number Applied Fo	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		ent: Name and Address of New Registered Agent:
6250 SW 6 MIAMI, FL	33143 US	DOMINGUEZ, ORLANDO PD 6250 SW 69 AVE MIAMI, FL 33143 US for the purpose of changing its registered office or registered agent, or both,
in the State		or the purpose of changing its registered office of registered agent, or both,
SIGNATUR	RE: ORLANDO DOMINGUEZ	04/30/2006
	Electronic Signature of Registe	red Agent Date
Election Can	npaign Financing Trust Fund Contribution	().
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete DOMINGUEZ, ORLANDO 9280 SW 150TH AVENUE SUITE 104 MIAMI, FL 33196	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete DOMINGUEZ, ORLANDO 9280 SW 150TH AVENUE SUITE 104 MIAMI, FL 33196	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	TD () Delete DOMINGUEZ, ORLANDO	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ORLANDO DOMINGUEZ PD 04/30/2006