


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000119814</b> 1. Entity Name CONCEPCION-FELIPE DENTAL SERVICES, P.A.	
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Principal Place of Business 13310 SW 20 STREET MIAMI, FL 33175	Mailing Address 13310 SW 20 STREET MIAMI, FL 33175
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02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0004325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CONCEPCION, JORGE R 13310 SW 20 STREET MIAMI, FL 33175
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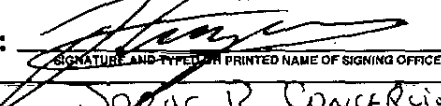
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000264842 03/16/05-80031-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONCEPCION, JORGE R 13310 SW 20 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELIPE, YIPCYS A 13310 SW 20 STREET MIAMI, FL 33175
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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Jorge R Concepcion	03/10/05 (305) 510-5479. <small>Date Daytime Phone #</small>
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