

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000119814

1. Entity Name  
CONCEPCION-FELIPE DENTAL SERVICES, P.A.



Principal Place of Business  
11944 SW 8TH STREET  
MIAMI FL 33175

Mailing Address

13310 SW 20 STREET  
MIAMI FL 33175

2. Principal Place of Business - No P.O. Box #  
**11944 SW 8TH STREET**

3. Mailing Address

**13310 SW 20 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**80-0004325**

Applied For  
Not Applicable

Zip **33184**

Country **USA**

Zip **33175**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, JORGE R  
13310 SW 20 STREET  
MIAMI FL 33175

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

Signature, Typed or Printed Name or Name of Agent and Title if Applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

**02/03/2007**

**FILE NOW! FEE IS \$150.00**

**After May 1, 2007 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**

NAME	STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> Delete	NAME	STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CONCEPCION, JORGE R 13310 SW 20 STREET MIAMI FL 33175		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FELIPE, YIPCSY A 13310 SW 20 STREET MIAMI FL 33175		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/03/2007**

Date

Daytime Phone #

