

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008224

FILED
Jul 05, 2004
Secretary of State

Entity Name: UNIQUE DENTAL CARE, P.A.

Current Principal Place of Business:

2701 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2701 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

New Mailing Address:

FEI Number: 30-0032687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE STE 3000
DAVIE, FL 33328

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALLES, NORA
Address: 950 NAUTICA DR.
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: SOLARTE, YOLANDA
Address: 886 TULIP CIR.
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: DILORETO-BANOS, CLAUDIA
Address: 1151 SW 171 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: YOLANDA P. SOLARTE

DR.

07/05/2004

Electronic Signature of Signing Officer or Director

Date