2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

Country	DOCUMENT # P02000011775 1. Entity Name NILDA M ARCEO, D.D.S., P.A.							04-16-200)4 9004 3 0;	27 ***15	50.00
Suite, Apt. 4, etc. Suite, Apt. 6, arc. City & State City	8460 S.W. 88TH STREET			8460 S.W. 88TH STREET			14003225				
City & State	· · · · · · · · · · · · · · · · · · ·			3. Mailing Address							
Zip							04082004	Chg-P	CR2E03	4 (10/03)	
S. Certificate of Status Desired;	City & State			City & State					•	1	oplied For ot Applicable
Name	Zip	Zip Country Zip			Coun	try	5. Certificate of	of Status Desired			
ARCEO, NILDA M 3460 S.W. 88TH STREET MIAMI, FL 33156 City FL Zip Code City FL Zip		6. Name and Address of	Current Regis	tered Agent	Name						
MIAMI, FL 33156 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 III. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D. ARCEO, NILDA M SIREST ADDRESS CITY-SI-2P III.E MAME SIREST ADDRESS SIRES											
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 Signaturis hold or printed name of registered agent and title if accidation. ONTE: Registered Agent spreature required Agent spreature r						- Shoot / Idarood ((T.O. SOX Hamber	15 Not ricooptat	; :		
Signature						City	FL Zip Code				
TILL NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Prust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILL CONTRIBUTION OF THE PROPERTY OF THE PROPE			itement for the p	ourpose of changing its	registere	ed office or registe	red agent, or both	n, in the State of F	lorida. I am fa	miliar with,	and accept
### After May 1, 2004 Fee will be \$50.00 Trust Fund Contribution	SIGNATURE.	Signature, typed or printed name of regi	stered agent and title	il applicable. (NOTE	:: Registere	d Agent signature requires	d when reinstating)		DATE		
TITLE NAME ARCEO, NILDA M STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP								:			
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NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				NAM Stre City	E ET ADDRESS -S1-ZIP		,			Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR