

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000060491

1. Entity Name

FAMILY MEDICAL & DENTAL CENTERS, INC.



Principal Place of Business

12177 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

Mailing Address

5409 N. STATE RD. 7
TAMARAC, FL 33319



07262006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1260866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, WINSTON
5409 N. STATE RD. #7
FORT LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, WINSTON
12177 PEMBROKE RD.
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000572757
07/31/06-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #