


**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
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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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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
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07/31/06-80002-006 150.00

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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 \_\_\_\_\_ D, My Home Phone # \_\_\_\_\_