

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093917

FILED  
Jul 26, 2004  
Secretary of State

Entity Name: DENTAL GROUP OF CORAL WAY, INC.

## Current Principal Place of Business:

8345 CORAL WAY  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

8345 CORAL WAY  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 05-0532204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, PABLO R  
747 PONCE DE LEON BLVD  
401  
CORAL GABLES, FL 33134 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ALVAREZ, PABLO R  
Address: 747 PONCE DE LEON BLVD #410  
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD ( ) Delete  
Name: ALVAREZ, AURORA M  
Address: 747 PONCE DE LEON BLVD #401  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ALVAREZ, PABLO R  
Address: 747 PONCE DE LEON BLVD #401  
City-St-Zip: CORAL GABLES, FL 33134

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: PABLO R. ALVAREZ

DR.

07/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date