

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114698

FILED
Apr 30, 2004
Secretary of State

Entity Name: MIAMI CENTER FOR DENTISTRY, P.A.

Current Principal Place of Business:

10345 SW 91 STREET
MIAMI, FL 33176

New Principal Place of Business:

825 SW 87 AVENUE
1G
MIAMI, FL 33174

Current Mailing Address:

10345 SW 91 STREET
MIAMI, FL 33176

New Mailing Address:

825 SW 87 AVENUE
1G
MIAMI, FL 33174

FEI Number: 65-1165856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, REINALDO
10345 SW 91 STREET
MIAMI, FL 33176

Name and Address of New Registered Agent:

SANCHEZ, REINALDO
825 SW 87 AVENUE
1G
MIAMI, FL 33174

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: REINALDO SANCHEZ

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANCHEZ, REINALDO
Address: 10345 SW 91 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ, REINALDO
Address: 825 SW 87 AVENUE SUITE 1G
City-St-Zip: MIAMI, FL 33174

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: REINALDO SANCHEZ

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date