
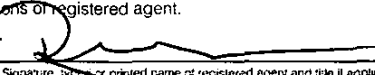



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90174 033 ***150.00

DOCUMENT # P02000114698 1. Entity Name MIAMI CENTER FOR DENTISTRY, P.A.					
Principal Place of Business 825 SW 87 AVENUE 1G MIAMI, FL 33174			Mailing Address 825 SW 87 AVENUE 1G MIAMI, FL 33174		
2. Principal Place of Business Suite, Apt. #, etc. 2E City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. 2E City & State Zip Country		
4. FEI Number 65-1165856			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ, REINALDO 825 SW 87 AVENUE 1G MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2E 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:  DATE: 4-2-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, REINALDO 825 SW 87 AVENUE SUITE 1G MIAMI, FL 33174		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 2E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Date: 4-2-05 Daytime Phone #: (305) 267-8110		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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