

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050675

FILED
Jul 18, 2006
Secretary of State

Entity Name: DENTAL SERVICES PLUS, INC.

Current Principal Place of Business:

20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180

New Principal Place of Business:

5376 WEST 16 AVE.
HIALEAH, FL 33012

Current Mailing Address:

20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 92-0193018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNS, RENATE E
20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANNS, RENATE E
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: ETCHEVERRY, MARIO L
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: MIAMI, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: BRUGGISSER, ARTHUR
Address: 8150 CLEARY BLVD.
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RENATE MANNS

PD

07/18/2006

Electronic Signature of Signing Officer or Director

Date