
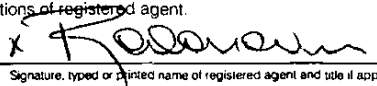
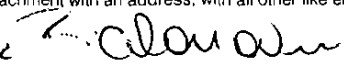


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 002 ***158.75

DOCUMENT # P03000066503 1. Entity Name INDIAN TRACE DENTAL ASSOCIATES, P.A.					
Principal Place of Business 46 INDIAN TRACE RD., UNIT A WESTON, FL 33326			Mailing Address 9951 WINDING RIDGE LANE DAVIE, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 46 Indian Trace Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT A			
City & State		City & State WESTON FL		4. FEI Number 57-1171801	
Zip		Country 33326 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDOUNEL, ALEX 46 INDIAN TRACE RD., UNIT A WESTON, FL 33326				7. Name and Address of New Registered Agent Name VILLA, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 46 INDIAN TRACE ROAD UNIT A City WESTON FL Zip Code 33326	
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  8-14-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CARDOUNEL, ALEX 46 INDIAN TRACE RD., UNIT A WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR <input type="checkbox"/> Change <input type="checkbox"/> Addition RODOLFO VILLA 46 INDIAN TRACE RD., UNIT A WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			8-14-2007 (954) 217- Date Daytime Phone # 9200		