


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 044 \*\*\*150.00

<b>DOCUMENT # P03000067134</b>			
1. Entity Name <b>BAPTIST DENTAL HEALTH GROUP, INC.</b>			
Principal Place of Business <b>10333 SW 23 TERR MIAMI, FL 33165</b>		Mailing Address <b>10333 SW 23 TERR MIAMI, FL 33165</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RAMIREZ, GIORGIO L 3366 SW 3 ST MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name: <b>ALFREDO J. CALDERON JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>10333 SW 23 TERRACE</b> City: <b>MIAMI</b> FL Zip Code: <b>33165</b>	
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: <i>Alfredo J. Calderon Jr.</i> DATE: <b>August 18, 2004</b>			
<b>FILE NOW!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALDERON, ALFREDO J.D.M.D.</b>	NAME	
STREET ADDRESS	<b>10333 SW 23 TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Alfredo J. Calderon Jr.</i>		Date: <b>July 22, 2004</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	