

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90365 042 ***150.00

66418310



DOCUMENT # P03000089661

1. Entity Name
DORAL DENTAL PARTNERS, INC.



Principal Place of Business
**16201 ABERDEEN WAY
MIAMI LAKES, FL 33014**

Mailing Address
**16201 ABERDEEN WAY
MIAMI LAKES, FL 33014**

2. Principal Place of Business
**10620 NW 19 St
Suite, Apt. #, etc.
- Miami**

3. Mailing Address
**15502 NW 77th
Suite, Apt. #, etc.
Miami Lakes**

City & State
MI MIAMI

City & State
MI MIAMI LAKES

Zip
33172 Country
USA

Zip
33016 Country
USA

02112004 Chg-P CR2E034 (10/03)

4. FEI Number
55-0847190

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLLAZO, RALPH C
16201 ABERDEEN WAY
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	D COLLAZO, RALPH C 16201 ABERDEEN WAY MIAMI LAKES, FL 33014 <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
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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 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: **4-12-04**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #