

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90227 020 \*\*\*150.00

**DOCUMENT # P03000089896**

1. Entity Name  
**DENTAL & MEDICAL MANAGEMENT, CORP.**



Principal Place of Business  
8950 SW 142 AVENUE #917  
MIAMI, FL 33186

Mailing Address  
8950 SW 142 AVENUE #917  
MIAMI, FL 33186

**14010631**



2. Principal Place of Business  
**17519 SW 115 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**17519 SW 115 Ave**  
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State  
**Miami FL**  
Zip  
**33157**

City & State  
**Miami, FL**  
Zip  
**33157**

4. FEJ Number  
**02-0702765**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MIRANDA, CINTHIA N  
8950 SW 142 AVENUE #917  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **Miranda, CinThia N**  
Street Address (P.O. Box Number is Not Acceptable)  
**17519 SW 115 Ave**  
City **Miami** FL Zip Code **33157**

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 **Cinthia Miranda**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **P** ☐ Delete  
NAME **MIRANDA, CINTHIA N**  
STREET ADDRESS **8950 SW 142 AVENUE #917**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Miranda, CinThia N**  
STREET ADDRESS **17519 SW 115 Ave**  
CITY-ST-ZIP **Miami FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #