

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90059 010 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000091811 1. Entity Name SOUTH DENTAL AT BRICKELL-SPA, INC.					
Principal Place of Business 16233 SW 88 STREET MIAMI, FL 33196			Mailing Address 16233 SW 88 STREET MIAMI, FL 33193		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8448 SW 166 PL. Suite, Apt. #, etc.			
City & State Zip		City & State Miami, FL. Zip 33193		4. FEI Number 05-0584041 Applied For ☐ Not Applicable	
Country		Country Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, EFREN 7931 SW 120 PLACE MIAMI, FL 33183				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 _____ 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, 2005 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	PD OPPENHEIMER, JOHN H 7532 SW 117 AVENUE MIAMI, FL 33183		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, EFREN 7931 SW 120 PLACE MIAMI, FL 33183		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAMA, YOLANDA P 6486 SW 162 CIRCLE PLACE MIAMI, FL 33193		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					