


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 028 ***150.00

DOCUMENT # P03000108648					
1. Entity Name DENTAL & MEDICAL SOLUTIONS INC.					
Principal Place of Business 5999 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 5999 BISCAYNE BLVD. MIAMI, FL 33137		
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 PASTOR, MICHELLE G 5999 BISCAYNE BLVD. MIAMI, FL 33137			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: <u>Michelle Pastor</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>08/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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 PASTOR, MICHELLE 5999 BISCAYNE BLVD. MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Michelle Pastor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>08/22/04</u> <small>Daytime Phone #</small>		

54070394



08102004 Chg-P CR2E034 (10/03)

4. FEI Number 352 215960 Applied For ☐ Not Applicable ☐

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