

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90641 015 ***150.00

DOCUMENT # P03000117183	
1. Entity Name	
L M FELICIANO, DMD, PA	

DO NOT WRITE IN THIS SPACE

14001986

2. Principal Place of Business 3001 S OCEAN DR		3. Mailing Address	
Suite, Apt. #, etc. 5P		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State	
Zip 33019	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2411657		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name LIZA MARIE FELICIANO, DMD		
	Street Address (P.O. Box Number is Not Acceptable) 3001 S OCEAN DR		
	STE 5P		
	City HOLLYWOOD	FL	Zip Code 33019

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 *Liza Marie Feliciano, D.M.D.* *Liza Marie Feliciano, D.M.D. / President* 04/05/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIZA MARIE FELICIANO, DMD 3001 S OCEAN DR #5P HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Liza Marie Feliciano, DMD* *Liza Marie Feliciano, DMD* 04/05/04 (954) 815-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #