

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90095 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000117183

1. Entity Name

LIZA MARIE FELICIANO, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16950 N. BAY RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 2310

City & State

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

56-2411657

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FELICIANO, LIZA MARIE DMD

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

16950 N. BAY RD. APT # 2310

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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IN THIS SPACE

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 DMD

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FELICIANO, LIZA M DMD
16950 N. BAY RD. # 2310
SUNNY ISLES BEACH, FL. 33160

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Liza Marie Feliciano DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/05

Date

(954) 815-0880

Daytime Phone #