

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 012 ***550.00

DOCUMENT # P03000127845 1. Entity Name MLV DENTAL MEDICAL MANAGEMENT CO., INC.					
Principal Place of Business 995 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162			Mailing Address 10861 SW 156TH ST MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0391349	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, HOPETON 995 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D WRIGHT, MILLICENT 3705 ACAPULCO DR MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LORNA 10861 SW 156TH ST MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, VALLERY 16533 NW 21ST ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, VALLERY 2725 SW 187TH AVE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, JILLIAN 2725 SW 187th Ave Miramar, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>L. Smith</i> 9/8/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54073181



08302004 Chg-P CR2E034 (10/03)

Attachment

Bright Smiles Dental Center

995 N. Miami Beach Blvd.,
N.E. 167 St.,
Suite 100,
North Miami Beach,
Florida 33612.
September 6, 2004.

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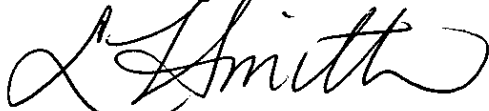
Division of Corporations,
P.O. Box 1500,
Tallahassee, FL 32302-1500,

Dear Sir/Madam,

This letter is to indicate that our corporation did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes. We, therefore, request a waiver of the \$400 late fee.

Thanks in advance.

Director of Bright Smiles Dental Center



Lorna Smith

"Compliments the way you smile"

995 North Miami Beach Blvd. • Suite 100 • Miami, FL 33162

Phone 305-948-0456 (7) • Fax 305-948-0458