# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 07, 2004**
**Secretary of State**

DOCUMENT# P03000133741

**Entity Name:** PROFESSIONAL DENTAL CARE, INC.

**Current Principal Place of Business:**

918 OCEAN DRIVE
SUITE 207
MIAMI BEACH,, FL 33139

**New Principal Place of Business:**

10543 SW 109TH CT
MIAMI, FL 33176

**Current Mailing Address:**

918 OCEAN DRIVE
SUITE 207
MIAMI BEACH,, FL 33139

**New Mailing Address:**

10543 SW 109TH CT
MIAMI, FL 33176

**FEI Number: 20-0397274** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, SANDRA
918 OCEAN DRIVE
207
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

GOMEZ, SANDRA
10543 SW 109TH CT
MIAMI, FL 33176 US

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.

SIGNATURE: 07/07/2004
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GOMEZ, SANDRA
Address: 918 OCEAN DRIVE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: GOMEZ, FERNANDO
Address: 918 OCEAN DRIVE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: GOMEZ, SANDRA
Address: 10543 SW 109TH CT
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA P. GOMEZ DDS 07/07/2004
Electronic Signature of Signing Officer or Director — Date