

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90268 027 ***150.00

DOCUMENT # P04000034578

1. Entity Name
AOD DENTAL CLINIC, INC.



Principal Place of Business
6140 SW 70 ST 3 FLOOR
MIAMI, FL 33143

Mailing Address
6140 SW 70 ST 3 FLOOR
MIAMI, FL 33143

2. Principal Place of Business
7105 SW 8 STREET

3. Mailing Address
7105 SW 8 STREET

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33144

Country

Zip
33144

Country



04262006 Chg-P CR2E034 (11/05)

4. FID Number
43-2043819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ-RAMS, ORLANDO E SQ
9191 CORAL WAY STE 201
MIAMI, FL 33165

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	DEANNA, ABEL O	
STREET ADDRESS	6140 SW 70 STREET, 3RD FLOOR	
CITY - ST - ZIP	MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEANNA, ALICIA P	
STREET ADDRESS	6140 SW 70 STREET, 3RD FLOOR	
CITY - ST - ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2901 SOUTH BAYSHORE DR. APT 4F	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2901 SOUTH BAYSHORE DR. APT 4F	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ABEL O DEANNA

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06 305 226 3443

Date

Daytime Phone #