2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-20-2005 90357 003 ***150.00

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DOCUMENT # P04000038782

1. Entity Name
DORAL ENDODONTICS, PA

Principal Place of Business	Mailing Address
1448 E MOWRY DR. #3-201 HOMESTEAD, FL 33033	1448 E MOWRY DR. #3-201 HOMESTEAD, FL 33033

2. Principal Place of Business	3. Mailing Address
4686 NW 111 CT	4686 NW 111 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doral, FL	City & State: Doral, FL
Zip: 33178 Country: US	Zip: 33178 Country: US

03172005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0863236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLANO, JUAN G 1448 E MOWRY DR. #3-201 HOMESTEAD, FL 33033	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4686 NW 111 CT City: Doral FL Zip Code: 33178

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: JUAN G. LLANO 05-15-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD LLANO, JUAN G 1448 E MOWRY DR. #3-201 HOMESTEAD, FL 33033	☐ Delete	SAME 4686 NW 111 CT Doral, FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: JUAN G. LLANO 04-15-05 305-640 1357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #