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Jun 29, 2005 8:00 am
Secretary of State

06-02-2005 90004 034 ****45.00
05-03-2005 90087 029 ***113.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000053739

1. Entity Name
FLORIDA DENTAL CENTER OF LAKE PARK, INC.

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
1535 PROSPERITY FARMS ROAD LAKE PARK FL 33403	1535 PROSPERITY FARMS ROAD LAKE PARK FL 33403
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 42-1627042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAICH, NICHOLAS S
1535 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	SECRETARY ☐ Change ☒ Addition
NAME	RODRIGUEZ, ARMANDO DR	NAME	NICHOLAS S. RAICH
STREET ADDRESS	1535 PROSPERITY FARMS ROAD	STREET ADDRESS	1535 PROSPERITY FARMS ROAD
CITY-ST-ZIP	LAKE PARK FL 33403	CITY-ST-ZIP	LAKE PARK FLORIDA 33403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: Nicholas S Raich Sec 6-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #