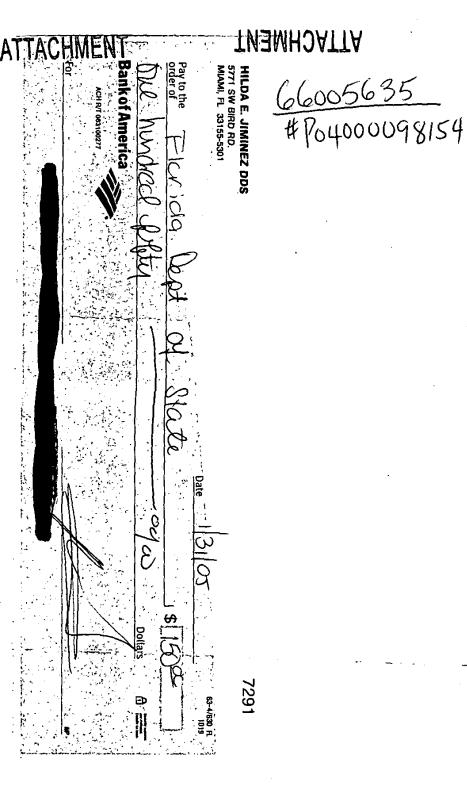
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2005 8:00 am **Secretary of State** MENT # P04000098154 1. Entity Name 02-07-2005 90062 045 ***150.00 HILDA JINSKEZ DDS. PA Principal Place of Business Mailing Address 5771 SW 40 ST 5771 SW 40 ST MIAMI FL 33155 **66005635 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 20-130832/ Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JIMENEZ, HILDA 5771 SW 40 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Delete TITE F Change JIMENEZ, HILDA DDS NAME NAME 5771 SW 40 ST STREET ADDRESS STREET ADDRESS CLTY - ST - 7IP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ AdditIon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 aggrees, with all other like empowered.

SIGNATURE

FILED



ATTACHMENT 66005635 # P6400098154

Form SS-4	SS-4 Application for Employer Identification Numl				E	IN	
(Rev. December 2001) (For use by employers, corporations, partnerships, trusts, estates, chur			hurches,	20-13	08321		
Treasury See constate instructions for each lin						1545-0003	
Internal Revenue Service 366 separate instructions for each time. A Reep a copy for your recommendation of entity (or individual) for whom the EIN is being requested) OWID INO.	10-0-0003	
Hilda Jimenez DDS PA		requested					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 5771 SW 40 St !			5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code Miami FL 33155 -			5b City, state, and ZIP code				
6* County and state where p County Miami Dade Co					·		
7a* Name of principal officer, general partner, grantor, owner, or trustor Hilda Jimenez			76* SSN, ITIN, EIN 595-38-6921				
			tate (SSN of decedent)				
USole Proprietor (SSN) □ Partnership □ Trust (SSN of grantor)							
☑ Corporation (enter form number to be filed) ► 1120S ☐ National Guard ☐ State/local government							
☐ Personal Service ☐ Farmers' cooperative ☐ Federal government/military ☐ Church or church-controlled organization ☐ REMIC ☐ Indian tribal government/enterprises							
Church or church-controlled organization							
Other (specify)							
8b* If a corporation, name the (if applicable) where incorporations		State FL		Foreign counti	гу		
9* Reason for applying (check only one)Banking purpose (specify purpose) ▶							
☑ Started new business (specify type) ☐ Changed type of organization (specify new type) ▶ Dental Services ☐ Purchased going business							
☐ Hired employees (Check the box and see line 12) ☐ Created a trust (specify type) ►							
☐ Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ▶							
Other (specify) 10* Date business started or acquired (month, day, year) 11* Closing month of accounting year							
JUN 29 2004			DEC				
	ities were paid or will be paid (montl onresident alien. (month, day, year)			g agent, enter date			
13 Highest number of employees expected in the next twelve months Note:If the applicant does not expect to have any employees during the period, enter *-0-*							
14° Check box that best describes the principal activity of your business Health care & social assistance Wholesale-agent/broker							
Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Real estate Manufacturing Finance & insurance Retail							
☐ Real estate ☐ Manufacturing ☐ Finance & Insurance ☐ Retail							
15* Indicate principal line of Dental Services	merchandise sold; specific construc	tion work done;	products produced; or service	es provided.	. .		
	applied for an employer identification	n number for th	is or any other business?	\Ye	s V No		
	line 16a, give applicant's legal nam	ne and trade nar	ne shown on prior application	if different from lin	e 1 or 2 above.		
Legal name							
Trade name ► 16c Approximate date when	, and city and state where, the applic	ration was filed	Enter previous employer idea	dification number i	f known		
Approximate date when filed		tate where filed		evious EIN	, Kilgwii.		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form							
Third Designee's name				Designee's te	Designee's telephone number (include area code)		
Party Designee Address and ZIP code				() -			
					Designee's fax number (include area code) () -		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true,							
correct, and complete. Applicant's telephone number (include area code) Name and titte (type or print clearly)							
Literate error and frahe or hinter	meant/			ı			