

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000111631

1. Entity Name  
CSM DENTAL CENTER, CORP.



Principal Place of Business

5171 SW 8TH STREET  
MIAMI, FL 33134

Mailing Address

5171 SW 8TH STREET  
MIAMI, FL 33134

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1437457

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MESA, SOL A  
5171 SW 8TH STREET  
MIAMI, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PV
NAME	HERNANDEZ, MARTHA
STREET ADDRESS	5171 SW 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000755473  
05/22/07-80103-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/07 305-5670236