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Secretary of State

01-26-2005 90037 001 ***300.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116361

1. Entity Name
FLORIDA DENTAL AND DENTURE CENTER III, INC.

Principal Place of Business
2596 NORTH AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

Mailing Address
2596 NORTH AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

66003043

01162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2945 NORTH AUSTRALIAN	2945 NORTH AUSTRALIAN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BCH. FL
Zip: 33407 Country: PALM BEACH	Zip: 33407 Country: PALM BCH

4. FEI Number 11-3722688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEMEAH, YVES
2596 NORTH AUSTRALIAN AVE — 2945
WEST PALM BEACH, FL 33407
wrong

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 ________ 1/16/05
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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SEMEAH, YVES 1901 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZUFI, JUDITH 1901 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435	☐ 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(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: ________ 1/16/05 (561) 738597K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #