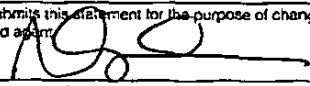
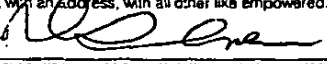


FILED
Feb 28, 2005 8:00 am
Secretary of State

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
2. Principal Place of Business 2945 NORTH AUSTRALIAN Suite, Apt. #, etc.		3. Mailing Address 2945 NORTH AUSTRALIAN Suite, Apt. #, etc.
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL
Zip 33407		Country PALM BEACH
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 Wrag		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 fee if applicable. (NOTE: Registered Agent signature required when resigning) 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	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 ZUFU, 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
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
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 Office Phone #