

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120635

FILED
Jan 25, 2006
Secretary of State

Entity Name: MIAMI LAKES DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

7943 NW 161 TERRACE
MIAMI, FL 33016

New Principal Place of Business:

7735 NW 146 STREET
SUITE 104
MIAMI, FL 33016

Current Mailing Address:

7943 NW 161 TERRACE
MIAMI, FL 33016

New Mailing Address:

FEI Number: 20-1528161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, RUTSIE
7943 NW 161TH TERR
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: HERNANDEZ, RUTSIE
Address: 7943 NW 161 TERRACE
City-St-Zip: MIAMI, FL 33016

Title: VP,S () Delete
Name: MAESO, FEDERICO
Address: 7943 NW 161 TERRACE
City-St-Zip: MIAMI, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTSIE A. HERNANDEZ

P,T

01/25/2006

Electronic Signature of Signing Officer or Director

Date