


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P04000140452 | |  |
| 1. Entity Name CENTRAL FLORIDA DENTAL GROUP, INC. | | |
| Principal Place of Business 16215 SR 50 STE.102 CLERMONT, FL 34711 | Mailing Address 16215 SR 50 STE.102 CLERMONT, FL 34711 | |

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 27-0110702 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ORTIZ, CARLOS R
16215 S R 50
STE. 102
CLERMONT, FL 34711

**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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | ORTIZ, CARLOS |
| STREET ADDRESS | 16215 S. R. 50 STE. #102 |
| CITY- ST- ZIP | CLERMONT, FL 34711 |
| TITLE | STD |
| NAME | ORTIZ, IRIS N |
| STREET ADDRESS | 16215 S. R. 50 STE. 102 |
| CITY- ST- ZIP | CLERMONT, FL 34711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U000000776100
01/09/08-80012-007 150.00

**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

[Signature] CARLOS R. ORTIZ 1/7/08

Date

Daytime Phone #

407-654-4024