

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151777

FILED
Jan 14, 2005
Secretary of State

Entity Name: FAMILY DENTAL & ORTHODONTICS CENTER INC

Current Principal Place of Business:

894 N MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

2260 SW 8 STREET
SUITE 201
MIAMI, FL 33135 US

Current Mailing Address:

894 N MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162 US

New Mailing Address:

2260 SW 8 STREET
SUITE 201
MIAMI, FL 33135 US

FEI Number: 20-1841833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, DORIS
894 N MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GELTZER, MARK STUART
2260 SW 8 STREET
SUITE 201
MIAMI, FL 33135 US

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: MARK STUART GELTZER

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, DORIS
Address: 894 N MIAMI BEACH BLVD
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP (X) Delete
Name: QUINONES, LAZARA
Address: 894 N MIAMI BEACH BLVD
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: S (X) Delete
Name: TEJEDOR, VERONICA
Address: 894 N MIAMI BEACH BLVD
City-St-Zip: N MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GELTZER, MARK STUART
Address: 2260 SW 8 STREET - SUITE 201
City-St-Zip: MIAMI, FL 33135 US

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 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 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: MARK STUART GELTZER

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date