

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90033 006 ***150.00

DOCUMENT # P04000155325 1. Entity Name ADVANCED AESTHETIC DENTISTRY, PA					
Principal Place of Business 501 GOLDEN ISLES DRIVE... SUITE 202 HALLANDALE FL 33009			Mailing Address 501 GOLDEN ISLES DRIVE SUITE 202 HALLANDALE FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RIPA, ANATOLY 501 GOLDEN ISLES DRIVE SUITE 202 HALLANDALE FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 84-1661213	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIPA, ANATOLY 501 GOLDEN ISLES DRIVE, SUITE 202 HALLANDALE FL 33009			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RESNANSKY, DASHA 4779 COLLINS AVE, APT 1802 MIAMI BEACH FL 33140			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			☐ Delete	
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: <i>Anatoly Ripa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
_____ Date				_____ Daytime Phone #	

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1st MOORE CR2E034 (10/04)