## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000047164

Entity Name: WATERWAYS DENTAL, P.A.

FILED Mar 13, 2006 Secretary of State

Littly Name. W	MILKVV	KIO DENTAL, F.A.				
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
8624 VILLA POINT DRIVE NO. 139				8083 VIALE MATERA LAKE WORTH, FL 33467		
ORLANDO, FL 3	32810					
Current Mailing		New Ma	New Mailing Address:			
8624 VILLA POINT DRIVE NO. 139 ORLANDO, FL 32810				8083 VIALE MATERA LAKE WORTH, FL 33467		
FEI Number: 20-266	Number: 20-2669320 FEI Number Applied For ( )		FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:		
BDB AGENT CO 5355 TOWN CEN SUITE 900 BOCA RATON, F The above named in the State of Flo	NTER ROATE NOTE NOTE 15 NOTE 1	US	purpose of changir	g its registere	d office or registered agent, or both,	
SIGNATURE:						
	Electronic	Signature of Registered Ag	jent		Date	
Election Campaign	Financing 1	rust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	( ) D	elete	Title: Name: Address: City-St-Zi	P ALVAREZ, E 8083 VIALE LAKE WOR		
Title: Name: Address: City-St-Zin:	( ) D	elete	Title: Name: Address: City-St-7i	ST CASTELLAN 8083 VIALE		

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: ERIC ALVAREZ P 03/13/2006