

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047164

Entity Name: WATERWAYS DENTAL, P.A.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

6240 CORAL RIDGE DR, SUITE 107
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

6240 CORAL RIDGE DR, SUITE 107
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-2669320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ERIC I
8083 VIALE MATERA
LAKE WORTH, FL 33467 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 () Delete
Name: ALVAREZ, ERIC
Address: 8083 VIALE MATERA
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: CASTELLANOS, NARITZA
Address: 8083 VIALE MATERA
City-St-Zip: LAKE WORTH, FL 33467

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 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

02/06/2008

Electronic Signature of Signing Officer or Director

Date