

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000089138

1. Entity Name
R P DENTAL ASSOCIATES INC.



**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90118 022 ***150.00

60012505



01302007 Chg-P CR2E034 (12/06)

Principal Place of Business 1325 W 68 ST 218 HIALEAH, FL 33014 US		Mailing Address 1325 W 68 ST 218 HIALEAH, FL 33014 US		
2. Principal Place of Business - No P.O. Box # 18211 SW 18 St		3. Mailing Address 18211 SW 18 St		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIRAMAR FL		City & State MIRAMAR FL		
Zip 33029	Country US	Zip 33029	Country US	
4. FEI Number 20-3036007				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 GONZALEZ, HUMBERTO 11300 NW 87 CT 150 HIALEAH, FL 33018				7. Name and Address of New Registered Agent Name <i>Rolando Prieto</i> Street Address (P.O. Box Number is Not Acceptable) <i>18211 SW 18 St</i> City <i>MIRAMAR</i> FL <i>33029</i>
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. <i>DJD</i>				DATE <i>01-30-2007</i>
SIGNATURE <i>DJD</i>				Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE P NAME PRIETO, ROLANDO STREET ADDRESS 1325 W 68 ST #218 CITY-ST-ZIP HIALEAH, FL 33014		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		TITLE P NAME PRIETO, ROLANDO STREET ADDRESS 18211 SW 18 St CITY-ST-ZIP MIRAMAR FL 33029	
<input type="checkbox"/> Delete		TITLE VPST NAME LOPEZ MOREJON, MEIBY STREET ADDRESS 1325 W 68 ST #218 CITY-ST-ZIP HIALEAH, FL 33014	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *DJD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-2007 7864195367

Date

Daytime Phone #