

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90118 022 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000089138 1. Entity Name R P DENTAL ASSOCIATES INC.					
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 18st		3. Mailing Address 18211 SW 18st			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 20-3036007	
Zip 33029		Country US		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 ROLANDO PRIETO Street Address (P.O. Box Number is Not Acceptable) 18211 SW 18st City MIRAMAR FL Zip Code 33029			
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.					
SIGNATURE 01-30-2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRIETO, ROLANDO 1325 W 68 ST #218 HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRIETO, ROLANDO 18211 SW 18st MIRAMAR FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST LOPEZ MOREJON, MEIBY 1325 W 68 ST #218 HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST LOPEZ MOREJON, MEIBY 18211 SW 18st MIRAMAR FL 33029	
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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:			01-30-2007 7864195367		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		