2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P05000124911

Entity Name: SOUTHWEST BROWARD DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

18503 PINES BLVD.
SUITE 305
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18503 PINES BLVD.
SUITE 305
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 32-0158830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETANCUR, ALVARO
581 PHILLIPS DR
BOCA RATON, FL 33432 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: BETANCUR, ALVARO L
Address: 3401 NORTH FEDERAL HWY. SUITE 101
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP ( ) Delete
Name: AGUDELO, PAULA
Address: 581 PHILIPS DRIVE
City-St-Zip: BOCA RATON, FL 33432 US

Title: S ( ) Delete
Name: BETANCUR, CECILIA
Address: 3401 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete
Name: BETANCUR, ROSA
Address: 6161 NW 2ND AVE, #416
City-St-Zip: BOCA, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PA MRS 04/23/2009

Electronic Signature of Signing Officer or Director Date