

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 039 ***150.00

DOCUMENT # P06000103687

1. Entity Name
DENTAL GROUP OF SOUTH FLORIDA, INC



Principal Place of Business

14060 SW 39 STREET
MIAMI, FL 33175

Mailing Address

14060 SW 39 STREET
MIAMI, FL 33175

400524300



2. Principal Place of Business - No P.O. Box #

747 PONCE DE LEON BLVD

3. Mailing Address

747 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#401

Suite, Apt. #, etc.

#401

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

03102008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5358315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MARIA J
14060 SW 39 STREET
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ALVAREZ, MARIA J	
STREET ADDRESS	14060 SW 39 STREET	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	V	☐ Delete
NAME	ALVAREZ, JORGE L	
STREET ADDRESS	14060 SW 39 STREET	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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.

MARIA J. ALVAREZ

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

02/10/08

(305)

Date Daytime Phone #