

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098183

FILED
Mar 24, 2008
Secretary of State

Entity Name: PANAMERICAN DENTAL CLINIC, INC.

Current Principal Place of Business:

2060 SW 27 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2060 SW 27 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 26-0883630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIX, ERIKA
2060 SW 27 AVE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FELIX, ERICKA I
2060 SW 27 AVE
MIAMI, FL 33145 US

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: ERICKA I FELIX

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FELIX, ERIKA DMD
Address: 2060 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

Title: VD () Delete
Name: NAPOLES, ELIZABETH
Address: 2060 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

Title: VD () Delete
Name: BENEDICO, NACY
Address: 2060 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FELIX, ERICKA I DMD
Address: 2060 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

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

Title: VD (X) Change () Addition
Name: BENEDICO, NANCY
Address: 2060 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

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: ERICKA I FELIX

DMD

03/24/2008

Electronic Signature of Signing Officer or Director

Date