


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 045 ***150.00

DOCUMENT # P07000128108 1. Entity Name DENTAL PARTNERS OF THE GABLES, INC.					
Principal Place of Business 16201 ABERDEEN WAY MIAMI LAKES, FL 33014			Mailing Address 16201 ABERDEEN WAY MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1540422	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLLAZO, RALPH C 16201 ABERDEEN WAY MIAMI LAKES, FL 33014				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTD COLLAZO, RALPH C 16201 ABERDEEN WAY MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRETOS, ALEXANDER L 8820 N.W. 194TH TERRACE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COULTER, MARK 1015 CAPRI STREET CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: X <i>Ralph C. Collazo</i> X 4-17-08 786-282-2794 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		