

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128108

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: DENTAL PARTNERS OF THE GABLES, INC.

## Current Principal Place of Business:

16201 ABERDEEN WAY  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

5511 SW 8TH STREET  
201  
CORAL GABLES, FL 33134

## Current Mailing Address:

16201 ABERDEEN WAY  
MIAMI LAKES, FL 33014

## New Mailing Address:

5511 SW 8TH STREET  
201  
CORAL GABLES, FL 33134

FEI Number: 26-1540422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLAZO, RALPH C  
16201 ABERDEEN WAY  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

COLLAZO, RALPH C  
5511 SW 8TH STREET  
201  
CORAL GABLES, FL 33134 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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: COLLAZO, RALPH C  
Address: 16201 ABERDEEN WAY  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD ( ) Delete  
Name: BRETOS, ALEXANDER L  
Address: 8820 N.W. 194TH TERRACE  
City-St-Zip: MIAMI, FL 33018

Title: SD ( ) Delete  
Name: COULTER, MARK  
Address: 1015 CAPRI STREET  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: COLLAZO, RALPH C  
Address: 5511 SW 8TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD (X) Change ( ) Addition  
Name: BRETOS, ALEXANDER L  
Address: 5511 SW 8TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: COULTER, MARK  
Address: 5511 SW 8TH STREET  
City-St-Zip: CORAL GABLES, FL 33134

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: RALPH C COLLAZO

PTD

01/20/2009

Electronic Signature of Signing Officer or Director

Date