

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013117

FILED
Jan 27, 2004
Secretary of State

Entity Name: GABLES DENTAL CLINIC G.C., INC.

Current Principal Place of Business:

5450 SW 8TH STREET
SUITE 201
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

5450 SW 8TH STREET
SUITE 201
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 58-2030039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOY, ISABEL C
5450 SW 8TH STREET
SUITE 201
CORAL GABLES, FL 33134 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: D () Delete
Name: NOY, ISABEL C
Address: 5450 SW 8TH STREET SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ISABEL C. NOY

D

01/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date