


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/2005-90002-025-\$150.00-\$150.00

FILED

05 JUL -5 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013117			
1. Entity Name GABLES DENTAL CLINIC G.C., INC.			
Principal Place of Business 5450 SW 8TH STREET SUITE 201 CORAL GABLES, FL 33134		Mailing Address 5450 SW 8TH STREET SUITE 201 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NOY, ISABEL C 5450 SW 8TH STREET SUITE 201 CORAL GABLES, FL 33134		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 state if applicable)</small>		DATE _____ <small>NOTE: Registered Agent signature required when filing a report</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOY, ISABEL C	NAME	
STREET ADDRESS	5450 SW 8TH STREET SUITE 201	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____		DATE: 6/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Isabel C. Noy DDS		DATE: 6/14/05	



05232005 Chg-P CR2E034 (10/03)

4. FEI Number 58-2030039 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Handwritten signature and date: IS/7/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Gables Dental Clinic
Isabel C. Noy, D.D.S.
5450 SW 8th Street, Ste 201
Coral Gables, Florida 333134

June 30, 2005

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REF: annual Report Notice

To Whom It May Concern:

Please be advised that as per a conversation with your office today June 30, 2005, I am once again sending a request for reconsideration on waiving the penalty for filing late.

Due to a misunderstanding from the postal service, I never received the annual report notice, therefore when I was reminded by my accountant, I immediately sent in the \$150.00 for the renewal of my corporation. I also, requested the form.

Enclosed is a copy of the first letter mailed to your office with the check on 5/20/05 and also, the annual report.

Please advise me of your decision on my request.

Respectfully,


Isabel C. Noy, D.D.S.