2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2006 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P92000013117 1. Entity Name GABLES DENTAL CLINIC G.C., INC.					08-04-2006 90016 009 ***150.00				
SUITE 201 CORAL CABLES, FL 33134 2. Principal Place of Business S-450 S.W & STREET Suite, Apt #, 402 - Suite, Apt #, 402 - Suite, Apt #, 403 - Su	Principal Place of Business Mailing Address					20024242				
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SIGNATURE File Rounds and Address of Current Registered Agent NOY, ISABEL C S450 SW 8TH STREET SUITE 201 CORAL GABLES, FL :33134 STREET ADDRESS OTY-S1-2P ITIE MAKE STREET ADDRESS OTY-S1-2P I	Zip , Country		Zip Country				d 🗆 :			
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SIGNATURE Signature involved represent agents and take it applicable. INOTE: Registered Agent signature required when renaturing DATE	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								and accept	
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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:/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 8/1/06

Daytime Phone #