## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 21, 2008 08:00 All Secretary of State DOCUMENT # P93000002104 1. Entity Name CARLOS R. FIALLO, D.M.D., P.A. Mailing Address Principal Place of Business 2828 CORAL WAY 2828 CORAL WAY STE #430 STE #430 MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 65-0385124 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIALLO, CARLOS R Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY #430 **MIAMI FL 33145** City Zip Code ed entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept 8. The above nazi the obligations of SIGNATURE. Signature, typog or primed harrie of registered rigent and Life if upplicable. (NOTE: Registered Agent eignaturn required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Derete TITLE FIALLO, CARLOS R U000000910570 2828 CORAL WAY #430 STREET ADDRESS STREET ADDRESS 05/07/08-80004-024 150.00 MIAMI FL 33145 CITY - ST- ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE ☐ De¹ete THLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ele ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 appears in Block 10 or Block 11 if changed, or on an appears in Block 10 or Block 11 if changed.

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**SIGNATURE**