


**2004 FOR PROFIT CORPORATION.
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90395 046 ***150.00

DOCUMENT # P93000002119	
1. Entity Name GLORIA A. OSPINA, D.D.S., P.A.	

Principal Place of Business 351 N.W. LE JEUNE ROAD SUITE 305 MIAMI FL 33126	Mailing Address 351 N.W. LE JEUNE ROAD SUITE 305 MIAMI FL 33126
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2. Principal Place of Business 147 Alhambra Circle	3. Mailing Address 147 Alhambra Circle
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Country US

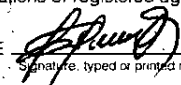


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent OSPINA, GLORIA 351 N.W. LEJEUNE ROAD SUITE 305 MIAMI FL 33126		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 147 Alhambra Circle Suite 111 City Coral Gables FL Zip Code 33134	
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4. FEI Number 65-0379442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP OSPINA, GLORIA A 351 N.W. LE JEUNE RD., STE. 305 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARAY, JANET 351 NW LE JEURE RD SUITE 305 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP Ospina, Gloria A. 147 Alhambra Circle, Suite 111 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Huebner, Michelle A. 147 Alhambra Circle, Suite 111 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/04** DAYTIME PHONE #: **305-443-8225**