

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002119

FILED  
Mar 03, 2006  
Secretary of State

Entity Name: GLORIA A. OSPINA, D.D.S., P.A.

**Current Principal Place of Business:**

147 ALHAMBRA CIRCLE  
STE. 111  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

147 ALHAMBRA CIRCLE  
STE. 111  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0379442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSPINA, GLORIA  
147 ALHAMBRA CIRCLE  
STE. 111  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

OSPINA, GLORIA A DDS  
147 ALHAMBRA CIRCLE  
STE. 111  
CORAL GABLES, FL 33134 US

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: GLORIA A. OSPINA, DDS      03/03/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: OSPINA, GLORIA A  
Address: 147 ALHAMBRA CIRCLE, STE. 111  
City-St-Zip: CORAL GALBLES, FL 33134

Title: M ( ) Delete  
Name: GOMEZ, MARIA M  
Address: 147 ALHAMBRA CIRCLE, STE 111  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVP (X) Change ( ) Addition  
Name: OSPINA, GLORIA A OWNER  
Address: 147 ALHAMBRA CIRCLE, STE. 111  
City-St-Zip: CORAL GALBLES, FL 33134 US

Title: RDH (X) Change ( ) Addition  
Name: MENENDEZ, MARIA M OM  
Address: 147 ALHAMBRA CIRCLE, SUITE 111  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARIA MENENDEZ      RDH      03/03/2006  
Electronic Signature of Signing Officer or Director      Date