

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

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 003 \*\*\*150.00

DOCUMENT # **P93000003888**

1. Entity Name  
**M+B Dental Srvs. Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6815 So. Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**6815 So. Dixie Hwy.**  
Suite, Apt. #, etc.

**60029124**

CR2E034B (8/05)

City & State  
**West Palm Beach, FL.**  
Zip  
**33405**  
Country  
**Palm Beach**

City & State  
**West Palm Beach FL.**  
Zip  
**33405**  
Country  
**Palm Beach**

4. FEI Number  
**650387663**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**M+B Dental Srvs. Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**5115 So. Dixie Hwy.**

City  
**West Palm Beach, FL** Zip Code  
**33405**

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

**4-17-06**

**January 1 / May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Mario Hernandez DDS.**  
**6815 So. Dixie Hwy.**  
**West Palm Beach, FL. 33405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating)

Date

Daytime Phone #

**4-17-06 (541) 5855891**

4-17-06

to whom it may concern: ATTACHMENT

60029124  
~~#P9300000388~~

M+B Dental services Inc. has moved from  
5115 So. Dixie Hwy. to 6815 So. Dixie Hwy.  
in West Palm Beach Fl. 33405. Please  
make necessary changes. Enclosed check for  
\$150.<sup>00</sup>  
Thanks, Beatriz Hernandez