

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

DOCUMENT # *P93000003888*

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



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

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

**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.

City & State

*West Palm Beach, Fl.*

City & State

*West Palm Beach Fl.*

Zip

*33405*

Country

*Palm Beach*

Zip

*33405*

Country

*Palm Beach*

4. FEI Number

*650387663*

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name *M+B Dental Svcs. 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

*Mario Hernandez DDS*

(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	<i>President</i>	TITLE	
NAME	<i>Mario Hernandez DDS.</i>	NAME	
STREET ADDRESS	<i>6815 So. Dixie Hwy.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>West Palm Beach, Fl. 33405</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

**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:

*Mario Hernandez DDS*

*4-17-06 (561)5855891*

Date

Daytime Phone #

4-17-06

ATTACHMENT

to whom it may concern:

60029124  
#P93008003888

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  
\$ 150.00

Thank you, Beatriz Hernandez