


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000002441

1. Entity Name
THOMAS DENTAL ASSOCIATES, INC.



Principal Place of Business Mailing Address

14050 NW 7TH AVE **14050 NW 7TH AVE**
MIAMI FL 33168 **MIAMI FL 33168**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0460023 Not Applicable

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

6. Name and Address of Current Registered Agent

KRAKAUER, THOMAS B
14050 NW 7TH AVENUE
MIAMI FL 33168

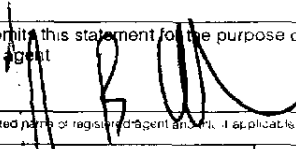
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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:  DATE: **4/21/05**

Signature, typed or printed name of registered agent and FEI, if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee Will Be \$550.00
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

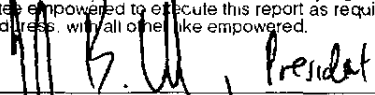
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS B. KRAKAUER	
STREET ADDRESS	14050 NW 7 AVENUE	
CITY ST ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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UN00000329564
04/25/05-80120-013 150.00

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:  **THOMAS B KRAKAUER PRESIDENT** DATE: **4/21/05** CONTACT: **305 688 7989**