

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017498

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** ROYAL OAKS DENTAL CLINIC INC.

**Current Principal Place of Business:**

9588 NW 7 AVE  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

9588 NW 7 AVE  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 65-0471735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, ISIDORO  
9588 NW 7 AVE  
MIAMI, FL 33150 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERNANDEZ, ISIDORO  
Address: 9588 NW 7 AVE  
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete  
Name: FERNANDEZ, RAMONA  
Address: 9588 NW 7 AVE  
City-St-Zip: MIAMI, FL 33150

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ISIDORO FERNANDEZ

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01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date