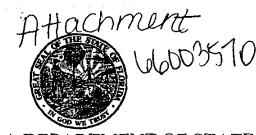
2006 FOR PROFIT CORPORATION

Mar 03, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P94000054618 02-15-2006 90044 016 ***150.00 1. Entity Name ALBERTO C. ESCARZA, D.D.S., P.A. Principal Place of Business Mailing Address 66003510 9100 S.W. CORAL WAY 9100 S.W. CORAL WAY MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-0521385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIBEAUX, GUS DE Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY THIRD FLOOR **MIAMI FL 33145** 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 agents - 2 -06 DAIE me of registered agent and title if applicable (MOTE: Registered Agent eignature required when invariating) FILE NOW!!! FEE IS \$150.00 9. Election Compaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ITTLE TITLE ☐ Change ☐ Addition NAME ESCARZA, ALBERTO C MAME STREET ADDRESS STREET ADDRESS 9100 S.W. CORAL WAY #4 CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Adddion NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Detete Unif ☐ Channe ■ Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-ST-ZIF TITLE Defete Channe TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DILE Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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Dayline Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true-ago accurate and that my signature shall have the same legal effect as it made under path; that I am an officer or director of the corporation or the receiver or trustee empoyered 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2006

ALBERTO C. ESCARZA, D.D.S., P.A. 9100 S.W. CORAL WAY #4 MIAMI, FL 33165

Subject: ALBERTO C. ESCARZA, D.D.S., P.A.

Reference Number:

P94000054618

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION