

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90138 044 \*\*\*150.00

**DOCUMENT # P94000058620**

1. Entity Name  
**ADVANCED DENTAL, INC.**



Principal Place of Business  
**2701 S RIDGEWOOD AVE  
STE C-2  
SOUTH DAYTONA, FL 32119**

Mailing Address  
**2701 S RIDGEWOOD AVE  
STE C-2  
SOUTH DAYTONA, FL 32119**

2. Principal Place of Business  
**1525 HERBERT STREET**

3. Mailing Address  
**1525 HERBERT STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 101**

**Suite 101**

City & State

City & State

**Port Orange FL**

**Port Orange, FL**

Zip

Country

Zip

Country

**32129**

**32129**

03302006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3259051**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SCHECTER, RANDAL L ESQ  
175 W. GRANADA BLVD.  
STE 201  
ORMOND BEACH, FL 32174**

## 7. Name and Address of New Registered Agent

Name **Dr. Luis O. Soto**  
Street Address (P.O. Box Number is Not Acceptable)  
**1525 HERBERT STREET Suite 101**  
City **Port Orange** **FL** Zip Code **32129**

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 **Dr. Luis O. Soto** **President** **4-3-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **DR.** ☐ Delete  
NAME **SOTO, LUIS O**  
STREET ADDRESS **2701 S RIDGEWOOD AVE STE C-2**  
CITY-ST-ZIP **S. DAYTONA, FL 32119**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1525 HERBERT STREET Suite 101**  
CITY-ST-ZIP **Port Orange FL 32129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Luis O. Soto** **4-3-06 (386) 322-7786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #