

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000085755

1. Entity Name  
M.J. MEDICAL & DENTAL GROUP, INC.



Principal Place of Business

1470 NW 107TH AVE.  
SUITE G  
MIAMI, FL 33172 US

Mailing Address

1470 NW 107TH AVE.  
SUITE G  
MIAMI, FL 33172 US

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**



02102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0543142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FIGUEROA, ALBERTINA  
4230 SW 98TH CT.  
MIAMI, FL 33165

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

000000652386  
03/12/07-80016-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, ENILDO I 4230 S.W. 98TH COURT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUEROA, ALBERTINA 4230 SW 98TH COURT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/27/07 ✓ (305) 594-8666  
Date Daytime Phone #