


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90296 049 ***150.00

DOCUMENT # P95000005320

1. Entity Name
 EL BUEN SAMARITANO DENTAL CENTER, P.A.



Principal Place of Business Mailing Address
 1350 S.W. STAVE SUITE # 104 MIAMI-FLORIDA-33144
 1350 S.W. - 57 AVE SUITE # 104 MIAMI-FLORIDA-33144

14012252



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03242004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0554311 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA-RUIZ, JULIO M
 1350 S.W. - 57 AVE SUITE 104
 MIAMI - FLORIDA - 33144

7. Name and Address of New Registered Agent
 N/A
 Street Address (P.O. Box Number is Not Acceptable) N/A
 City N/A 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: N/A JULIO M. GARCIA RUIZ REGISTERED AGENT 04/23/04
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE - NAME	PTD GARCIA-RUIZ, JULIO M <input type="checkbox"/> Delete
STREET ADDRESS	1350 SW - 57 AVE SUITE #104
CITY - ST - ZIP	MIAMI - FL - 33144
TITLE - NAME	SD GARCIA-RUIZ, ROSA D <input type="checkbox"/> Delete
STREET ADDRESS	1350 S.W. 57 AVE SUITE #104
CITY - ST - ZIP	MIAMI - FL - 33144
TITLE - NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	N/A
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	N/A
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

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: *[Signature]* JULIO M. GARCIA RUIZ PRESIDENT 04/23/04 (305) 545-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #