

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041098 (1)**

1. Corporation Name

CARLOS A. SANCHEZ, D.D.S., P.A.



Principal Place of Business

2510 S.W. 27TH AVE.
SUITE 201
MIAMI FL 33133

Mailing Address

2510 S.W. 27TH AVE.
SUITE 201
MIAMI FL 33133

3. Date Incorporated or Qualified 05/24/1995	3a. Date of Last Report
4. FEI Number 65-0586112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 **2510 SW 27 th Avenue**

State, Apt. #, etc

22 **201**

City & State

23 **Miami Florida**

Zip Country

24 **33133**

2a. Mailing Address

26 **2510 SW 27 th Avenue**

State, Apt. #, etc

27 **201**

City & State

28 **Miami Florida**

Zip Country

29 **33133**

9. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS A
13750 S.W. 111TH ST.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature taken by electronic means (e-signature) - IRS 751001

DATE Registered Agent signature (must follow registration)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD SANCHEZ, CARLOS A	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	2510 S.W. 27TH AVE., SUITE 201	
12.3 CITY - ST - ZIP	MIAMI FL 33133	
12.4 TITLE		<input type="checkbox"/> DELETE
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY - ST - ZIP		
12.8 TITLE		<input type="checkbox"/> DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY - ST - ZIP		
12.12 TITLE		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (305)413-333

CR2E034 (12/95)