

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ORIGINAL
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P95000091778

1. Entity Name
DENTCO OF SOUTH FLORIDA, INC.



Principal Place of Business
1535 PROSPERITY FARMS RD
LAKE PARK, FL 33403

Mailing Address
1535 PROSPERITY FARMS RD
LAKE PARK, FL 33403



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0640432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAICH, NICK
1535 PROSPERITY FARMS RD
LAKE PARK, FL 33403

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAICH, NICHOLAS S JR
STREET ADDRESS	1535 PROSPERITY FARMS RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	VPD
NAME	RAICH, NICHOLAS S SR
STREET ADDRESS	1535 PROSPEERITY FARMS RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	SD
NAME	RAICH, SHARON M
STREET ADDRESS	1535 PROSPERITY FARMS RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	RAICH, JOSEPH
STREET ADDRESS	1535 PROSPERITY FARM RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	TD
NAME	RAICH, ANTHONY
STREET ADDRESS	1535 PROSPERITY FARMS RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	RODRIGUEZ, ARMANDO
STREET ADDRESS	1535 PROSPERITY FARMS RD
CITY-ST-ZIP	LAKE PARK, FL 33403

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03/21/07-80003-017 150.00

**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

Date

Daytime Phone #

Nicholas S Raich

3/08/07

561-848-0087