

FILED P.02

May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000080015

Entity Name
BDC DENTAL HEALTH, INC.



Principal Office Address
16125 NE 18TH AVENUE
N MIAMI BEACH, FL 33162

Mailing Address
% M. ALMAN
17290 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162



DO NOT WRITE IN THIS SPACE

02252474 No Clg-P CR2E034 (10.03)

4. FEES
65-069L315

Approved by
Notary Public

\$8.75 Additional
Fees Required

5. Name and Address of Current Registered Agent

ALMAN, MARTIN H
17290 NE 19 AVE.
N MIAMI BEACH, FL 33160

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6. I, the undersigned, hereby submit this statement for the purpose of ensuring compliance with the provisions of Chapter 607, Florida Statutes, relating to the obligations of a registered agent.

7. I, the undersigned, hereby certify that the information provided herein is true and correct to the best of my knowledge and belief.

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

8. I reserve the right to amend this statement at any time. ☐ \$5.00 Min. Fee Added to Fees

10. OFFICERS AND DIRECTORS

1. PRESIDENT
SMITH, P. ERRE-MICHEL
16125 NE 18 AVE
N MIAMI BEACH, FL 33162

1600000144649

1600000144649-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing complies with the provisions of Chapter 607, Florida Statutes, relating to the obligations of a registered agent. I further certify that the information supplied with this filing complies with the provisions of Chapter 607, Florida Statutes, relating to the obligations of a registered agent. I further certify that the information supplied with this filing complies with the provisions of Chapter 607, Florida Statutes, relating to the obligations of a registered agent.

SIGNATURE: P. ERRE-MICHEL SMITH 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR