

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90476 011 ***150.00

DOCUMENT # *P960000 80836*
1. Entity Name *ROLANDO J. MOLINA DDS, P.A.*

DO NOT WRITE IN THIS SPACE

94065791

2. Principal Place of Business <i>5991 S.W. 8 ST</i>		3. Mailing Address <i>5991 S.W. 8 ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI - FL</i>		City & State <i>MIAMI - FL</i>	
Zip <i>33144</i>	Country <i>USA</i>	Zip <i>33144</i>	Country <i>USA</i>

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4. FEI Number <i>65-0729494</i>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <i>MOLINA, ROLANDO J.</i>		
	Street Address (P.O. Box Number is Not Acceptable) <i>12831 S.W. 25 TERR.</i>		
	City <i>MIAMI,</i>	FL	Zip Code <i>33184</i>

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D MOLINA, ROLANDO J. 12831 S.W. 25 TERR. MIAMI, FL 33184</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 Statute; that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* *R. MOLINA DDS* *4/22/04* *305-2620505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #