

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013450

FILED
Feb 25, 2004
Secretary of State

Entity Name: MIAMI BEACH CENTER FOR DENTAL SPECIALTIES, P.A.

Current Principal Place of Business:

333 ARTHUR GODFACY RD
#818
MIAMI BCH, FL 33140 US

New Principal Place of Business:

333 ARTHUR GODFREY RD
#818
MIAMI BCH, FL 33140 US

Current Mailing Address:

12515 N. KENDALL DR
SUITE 412
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0732433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER MELVYN S.
12575 N. KENDALL DRIVE # 412
MIAMI, FL 33186

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOBER, MELVYN S
Address: 12515 N. KENDALL DR. #412
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GARFINKEL, LEONARD
Address: 12515 N. KENDALL DR. #412
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVYN S. GOBER

D

02/25/2004

Electronic Signature of Signing Officer or Director

Date