


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000013985

1. Entity Name
LUIS A. SANCHEZ, D.M.D., & ASSOCIATES, P.A.



Principal Place of Business Mailing Address

6376 SW 9TH ST 6376 SW 9TH ST
 WEST MIAMI, FL 33144 US WEST MIAMI, FL 33144 US

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0747880 Not Applicable

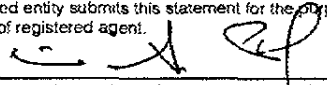
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, LUIS A DMD
6376 SW 9TH ST
WEST MIAMI, FL 33144

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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  Luis A. Sanchez Resident 4/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

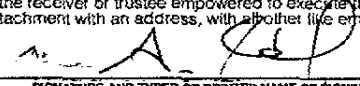
UN0000105088
 04/07/04-80011-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SANCHEZ, LUIS A DMD
STREET ADDRESS	6376 SW 9TH ST
CITY-ST-ZIP	WEST MIAMI, FL 33144
TITLE	MGR
NAME	SANCHEZ, MIRTHA
STREET ADDRESS	6376 SW 9TH ST
CITY-ST-ZIP	WEST MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power of attorney.

SIGNATURE:  Luis A. Sanchez 4/4/04 305-532-6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #