


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90114 005 ***150.00

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**

2. Principal Place of Business 3. Mailing Address
100 Lincoln Rd **100 Lincoln Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C07 **Suite C07**

City & State City & State
Miami Beach, FL **Miami Beach, FL**
 Zip Country Zip Country
33139 **USA** **33139** **USA**

40040372



01242006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SANCHEZ, LUIS A DMD	
STREET ADDRESS	6376 SW 9TH ST	
CITY-ST-ZIP	WEST MIAMI, FL 33144	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SANCHEZ, MIRTHA	
STREET ADDRESS	6376 SW 9TH ST	
CITY-ST-ZIP	WEST MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **Luis A. Sanchez** 1/24/06 205-522-6977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #