


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2006 90114 005 \*\*\*150.00

<b>DOCUMENT # P97000013985</b>	
1. Entity Name <b>LUIS A. SANCHEZ, D.M.D., &amp; ASSOCIATES, P.A.</b>	

Principal Place of Business <b>6376 SW 9TH ST WEST MIAMI, FL 33144 US</b>	Mailing Address <b>6376 SW 9TH ST WEST MIAMI, FL 33144 US</b>
--	--

2. Principal Place of Business <b>100 Lincoln Rd</b>	3. Mailing Address <b>100 Lincoln Rd</b>
Suite, Apt. #, etc. <b>Suite C07</b>	Suite, Apt. #, etc. <b>Suite C07</b>
City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>
Zip <b>33139</b>	Country <b>USA</b>

**40040372**



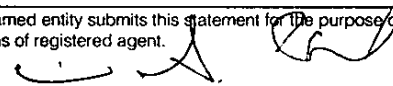
01242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0747880</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SANCHEZ, LUIS A DMD 6376 SW 9TH ST WEST MIAMI, FL 33144</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANCHEZ, LUIS A DMD</b>		NAME	
STREET ADDRESS <b>6376 SW 9TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WEST MIAMI, FL 33144</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANCHEZ, MIRTHA</b>		NAME	
STREET ADDRESS <b>6376 SW 9TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WEST MIAMI, FL 33144</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	<b>Luis A. Sanchez</b>	<b>1/24/06</b>	<b>205-522-6977</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #