

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 031 ***150.00

DOCUMENT # P97000031189					
1. Entity Name SPECIAL DENTAL CLINIC, INC.					
Principal Place of Business 25 HOMESTEAD RD. NORTH SUITE #15 LEHIGH ACRES, FL 33936			Mailing Address 25 HOMESTEAD RD. NORTH SUITE #15 LEHIGH ACRES, FL 33936		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 85-0744765	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALO, CARLOS M 2511 8TH ST W LEHIGH ACRES, FL 33971				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 *					
Signature, when in (printed) name of registered agent and title is applicable. (NOTE: Registered Agent signature required when re-electing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing			
		Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALO, CARLOS M 25 HOMESTEAD RD. N., STE. 15 LEHIGH ACRES, FL 33936	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.					
SIGNATURE *					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					