

2 NOW: FILING FEE AFTER MAY 1ST IS \$300.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

08-10-1999 90022 049 \*\*\*130.00

FILED P97000049838

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 19 PM 12:53

**DOCUMENT # P97000049838**

1. Corporation Name  
**MY DENTIST INC.**

Principal Place of Business  
2500 E. HALLANDALE BEACH BLVD.  
SUITE 601  
HALLANDALE FL 33009

Mailing Address  
2500 E. HALLANDALE BEACH BLVD.  
SUITE 601  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/04/1997**

4. FEI Number  
**65-0754744**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21	2a. Mailing Address	22	2b. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	24	25	26
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent  
**HERRERIA, ROBERTO V  
2500 E. HALLANDALE BEACH BLVD.  
SUITE 601  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOBADILLA, PATRICIA M</b>	1.2 NAME	
STREET ADDRESS	<b>1150-93 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRERIA, ROBERTO V</b>	2.2 NAME	
STREET ADDRESS	<b>1150-93 STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*JP 7/8/23*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberto Herrera V.P.* *1/8/99* (954) 456-1931

**MY DENTIST, INC.**

*TMJ, Cosmetic & Reconstructive Dentistry*

*Patricia M. Bobadilla, D.D.S.*

*Tel. (954) 456-1939 Fax (954) 456-1940*

*2500 E. Hallandale Bch. Blvd., Suite 601. Hallandale. FL. 33009*

August 16, 1999

**FLORIDA DEPT. OF REVENUE**

Div. of Corporations

P. O. Box 6327

Tallahassee, FL. 32314

Attn.: Annual Report Section

Ref.: P97000049838

Dear Sr./Madam,

Per my phone conversation this P.M. with one of your associates, I am requesting again the cancellation of \$ 400.00 penalty stated on your letter dated August 12, 1999.

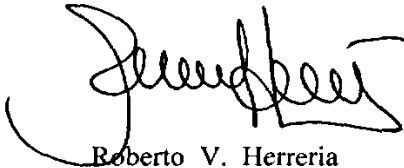
Kristen Eckel on letter # 999A00038732 waived this penalty after reviewing copies of our "1999 Profit Corp. Annual Report Records", along with check # 0299 for \$ 150.00 dated 01/04/99 ( Enclosed )

Copy of initial report and a new check # 0441 for \$ 150.00 was reissue last August 4, 1999 according with this agreement ( Enclosed ).

Please revise & update.

Thank you for the attention to this matter.

Sincerely,



Roberto V. Herreria

BS. ( 954 ) 456 - 1939

FX ( 954 ) 456 - 1940