2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000604

Entity Name: MORA FAMILY DENTISTRY INC.

FILED Feb 13, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
7171 COR	AL WAY			
217 MIAMI, FL	33144			
IVII/AIVII, I L	33144			
Current Mailing Address:		New Mailing Address	s:	
71 <u>7</u> 1 COR	RAL WAY			
217 MIAMI, FL	33144			
	: 65-0808642 FEI Number Appl	ied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Register	ad Agant: Name and Address o	f New Registered Agent:	
ivaille alle	Address of Current Register	eu Agent. Name and Address o	i New Registered Agent.	
MORA, EI 4400 SW 9 MIAMI, FL	94TH CT			
	e named entity submits this state e of Florida.	ment for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of R	egistered Agent	Date	
Election Ca	mpaign Financing Trust Fund Contril	bution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PD () Delete	Title:	() Change () Addition	
Name:	MORA, EDDY A	Name:	() change () hadden	
Address:	4400 S.W. 94TH COURT	Address:		
City-St-Zip:	MIAMI, FL 33163	City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:	MORA, YOSJANI	Name:	(,, =::=:::3= (,,::==:::::::::::::::::::::::::::::::	
Address:	4400 S.W. 94TH COURT	Address:		
City-St-Zip:	MIAMI, FL 33163	City-St-Zip:		
Title:	VD () Delete	Title:	() Change () Addition	
Name:	MORA, EUGENIO A	Name:	• • • • • • • • • • • • • • • • • • • •	
Address:	11021 SW 26 STREET	Address:		
City-St-Zip:	MIAMI, FL 33165	City-St-Zip:		
Title:	TD () Delete	Title:	() Change () Addition	
Name:	MORA, CARMEN	Name:	,	
Address:	4400 S.W. 94TH COURT	Address:		
City-St-Zin	MIAMI EL 33163	City-St-Zin		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENIO MORA VP 02/13/2008