

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000006957	
1. Entity Name MAGNOLIA DENTAL CLINIC, INC.	

Principal Place of Business 9625 WESTVIEW DR CORAL SPRINGS, FL 33076 US	Mailing Address 9625 WESTVIEW DR CORAL SPRINGS, FL 33076 US
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2. Statement of Assets and Liabilities (Not Applicable)	
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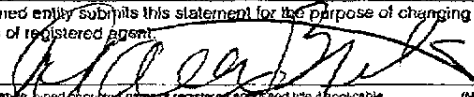


02032006 No Chg-P CR2E034 (11/05)

4. FET Number 65-0810432	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRETOS, ALEXANDER 8820 N.W. 194TH TERRACE MIAMI, FL 33018

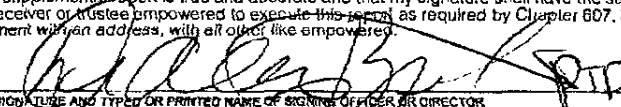
7. Statement of Changes in Registered Office or Agent (Not Applicable)
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRETOS, ALEXANDER B 8820 N.W. 194TH TERRACE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COLLAZO, RALPH C 15502 NW 77 COURT MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Statement of Changes in Officers and Directors (Not Applicable)

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: 	3-1-06 Date Daytime Phone #