

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000021850

Entity Name  
PATRICIA C. JUNQUERA, D.D.S., P.A.



Principal Place of Business  
11890 SW 8TH STREET  
STE 300  
MIAMI, FL 33184

Mailing Address  
11890 SW 8TH STREET  
STE 300  
MIAMI, FL 33184



01102006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0830675 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JUNQUERA, PATRICIA C DDS  
11890 SW 8TH STREET  
STE 300  
MIAMI, FL 33184

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

1100000337561  
01/30/06-80055-005 150.00

OFFICERS AND DIRECTORS

NAME	ADDRESS	ST	ZIP
D JUNQUERA, PATRICIA C DDS	11890 SW 8TH ST, STE 300		MIAMI, FL 33184

**DO NOT WRITE  
IN THIS SPACE**

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(705) 537 8200

Daytime Phone #