

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090894

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: BARO FAMILY DENTAL GROUP, P.A.

## Current Principal Place of Business:

1449 W. FLAGLER STREET  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1449 W. FLAGLER STREET  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 65-0875526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARO, CARLOS M DDS  
1449 W. FLAGLER STREET  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

BARO, ROSEMARIE DMD  
1449 W. FLAGLER STREET  
MIAMI, FL 33135 US

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.

SIGNATURE: ROSEMARIE BARO DMD

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: BARO, ROSEMARIE DMD  
Address: 1449 W. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSEMARIE BARO DMD

DR

04/04/2008

Electronic Signature of Signing Officer or Director

Date