

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003164

Entity Name: SORIN DIMITRIU, D.D.S., P.A.

FILED  
Apr 06, 2006  
Secretary of State

**Current Principal Place of Business:**

1500 E HILLSBORO BLVD  
#208  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1500 E HILLSBORO BLVD  
#208  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 65-0888778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIMITRIU, SORIN  
1500 E HILLSBORO BLVD  
208  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            DDS            ( ) Delete  
Name:            DIMITRIU, SORIN  
Address:        1500 E HILLSBORO BLVD STE 208  
City-St-Zip:    DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            DIMITRIU, SORIN DDS  
Address:        1500 E HILLSBORO BLVD STE 208  
City-St-Zip:    DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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: SORIN DIMITRIU DDS

P

04/06/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date