2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000013299



Entity Name
 OMAR MALPICA, D.D.S., P.A.

Principal Place of Business

12651 WEST SUNRISE BOULEVARD

SUITE 204

SUNRISE, FL 33323

SIGNATURE:

Mailing Address

12651 WEST SUNRISE BOULEVARD

SUITE 204

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

DO NOT WRITE IN THIS SPACE

SUNRISE, FL 33323



FILED

Apr 28, 2004 08:00 AM Secretary of State

04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0973692 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

954) 845-0666

6. Name and Address of Current Registered Agent

MALPICA, OMAR 12651 WEST SUNRISE BOULEVARD SUITE 204 SUNRISE, FL 33323

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 The above the obligate 	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or registered agent, or both	, in the State of Florida. I am familiar with, and	i accept
SIGNATURE_	Signature, typed or printed name of repistered agent and Hio d	approable. (NOTE Registered	Apent signature required when reinstating)	DATE	
	E NOW!!! FEE !\$ \$150.00 ny 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	and the second s		14.75
TITLE MAME STREET ADDRESS CITY-ST-ZIP	P MALPICA, OMAR A 11960 NE 8ST PLANTATION, FL 33325		A PARA PARA PARA PARA PARA PARA PARA PA		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			**************************************		
12. I hereby of indicated of the cor changed	octily that the information supplied with this fit on this report or supplemental report is true a reporation or the receiver or trustee empoweres , or on an attachment with admediress, with all	ling does not qualify for the exer and accurate and that my signate to execute this report as requir pther like empowered.	nption stated in Section 119.07(3)(i) ure shall have the same legal effect ed by Chapter 607, Florida Statutes	, Florida Statutes. I further certify that the infor as if made under oath; that I am an officer or ;; and that my name appears in Block 10 or Bi	mation director ock 11 if