2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013299

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

PLANTATION, FL 33325

City-St-Zip:

FILED Jul 14, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
SUITE 204	ST SUNRISE FL 33323	BOULEVARD			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
SUITE 204	ST SUNRISE FL 33323	BOULEVARD			
FEI Number:	: 65-0973692	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUITE 204 SUNRISE, The above	ST SUNRISE FL 33323 US	5	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A્	gent	Date	
		l3(2)(b), F.S., the corporation did I g Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MALPICA, OM/ 11960 NE 8ST PLANTATION,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (MALPICA, FAN 11960 NW 8ST		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OMAR MALPICA P 07/14/2005