

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000015842

1. Entity Name
BOCA DENTAL SUPPLY INC.



Principal Place of Business
3401 N. FEDERAL HIGHWAY STE. 203
BOCA RATON, FL 33431

Mailing Address
3401 N. FEDERAL HIGHWAY STE. 203
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



07272004 No Chg-P CR2E034 (10/03)

4. FE Number
65-0893576

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCUR, ALVARO
3401 N. FEDERAL HIGHWAY STE. 203
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BETANCUR, ALVARO
STREET ADDRESS 3401 N. FEDERAL HIGHWAY STE. 203
CITY-ST-ZIP BOCA RATON, FL 33431

U000000170568
08/23/04-80001-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone