# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 91004 020 ***150.00

DOCUMENT # P99000044369

1. Entity Name
AMERICA DENTAL CLINIC CORP

14U1J401

| Principal Place of Business | Mailing Address |
|---|---|
| 825 SW 87TH AVENUE<br>STE 1G<br>MIAMI, FL 33174 | C/O LOPEZ ACCOUNTING<br>1800 WEST 49TH STREET<br>HIALEAH, FL 33012 |

04282004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3850 SW 87 Ave | 1800 W. 49 St |
| Suite, Apt. #, etc.: 101 | Suite, Apt. #, etc.: 201 |
| City & State: Miami, Fl. | City & State: Hialeah, Fl |
| Zip: 33165 Country: USA | Zip: 33012 Country: USA |

4. FEI Number: 65-0919582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BARRIENTOS, RAMIRO A<br>825 SW 87TH AVENUE<br>SUITE 2 G<br>MIAMI, FL 33174 | Name: Ramiro A. Barrientos<br>Street Address (P.O. Box Number is Not Acceptable): 3850 SW 87 Ave<br># 101<br>City: Miami FL Zip Code: 33165 |

X 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: Ramiro Barrientos 4-28-04
Signature, typed or printed name of individual with authority to sign, and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MONTERO, ALEXANDER<br>3850 SW 87 AVE. #101<br>MIAMI, FL 33165 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BARRIENTOS, RAMIRO A<br>825 SW 87 AVE. #101<br>MIAMI, FL 33165 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Barrientos, Ramiro A<br>3850 SW 87 Ave #101<br>Miami, Fl. 33165<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MONTERO, LUIS O<br>3850 SW 87 AVE. #101<br>MIAMI, FL 33165 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

X 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:** Ramiro Barrientos, VP 4/28/04 305.485-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #