

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000044369

1. Entity Name
AMERICA DENTAL CLINIC CORP.



Principal Place of Business
3631 SW 87 AVE
MIAMI, FL 33165

Mailing Address
1800 W 48 ST #201
HIALEAH, FL 33012



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BARRIENTOS, RAMIRO A
3850 SW 87 AVE #101
MIAMI, FL 33165

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000344044
05/29/08-80082-022 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | MONTERO, ALEXANDER |
| STREET ADDRESS | 3631 SW 87TH AVE. |
| CITY- ST- ZIP | MIAMI, FL 33165 |
| TITLE | VP |
| NAME | BARRIENROS, RAMIRO A |
| STREET ADDRESS | 3631 SW 87TH AVE. |
| CITY- ST- ZIP | MIAMI, FL 33165 |
| TITLE | S |
| NAME | MONTERO, LUIS O |
| STREET ADDRESS | 3631 SW 87TH AVE. |
| CITY- ST- ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Alexander Montero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08
Date

2058252327
Daytime Phone #