

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062612

FILED
Apr 27, 2006
Secretary of State

Entity Name: PINES DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

1541 NORTH PALM AVE.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1541 NORTH PALM AVE.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0928471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, MILTON J
2901 SOUTH BAYSHORE DRIVE
APT. NO. 8A
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUIZ, MILTON J
Address: 2901 SOUTH BAYSHORE DRIVE APT NO 8A
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: MENDEZ, ANTONIO
Address: 1915 BRICKELL APT. 605C
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MILTON RUIZ

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04/27/2006

Electronic Signature of Signing Officer or Director

Date