2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P9900010 1. Entity Name CHILDREN'S DENTAL PLACE OF	•				03-21-2005	90101 (
Principal Place of Business	Mailing Address			· 'A'		1	50028	3514
20401 STATE RD #7 BAY G-14	20401 STATE RD #7	BAY G-1	14	1.50				
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Principal Place of Business	3. Mailing Address				I ŞÜŞIR IMINI BENIN DENN DI			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		 				
				01212005	Chg-P	CR2E	034 (10/03)	
City & State	City & State			4. FEI Numb	er		Ar	oplied For
·				65-096	9512		_ No	t Applicable
Zip Country	Zip	Coun	ntry	5 Cartificate	of Status Desired		\$8.75 Add	fitional
				i			Fee Require	d
6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New	Registered	Agent	
			Name					1
HANDEL, MICHELLE S 20401 STATE RD #7 BAY G-14			Street Add	dress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33498			ļ					
								İ
			City	ı		FI	, Zip Cod	e
8. The above named entity submits this statement	for the number of changing i	te register	rad office or r	registered agent, or be	th in the State of E			and accord
the obligations of registered agent.	8.		: .					
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable.	OTE: Registers	ad Agent signature	n required when reinstating)		DATE		
SIGNATURE Sgnature, typed or privide name of registered age FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Camp	aign Fina	incing _	\$5.00 May Be Added to Fees		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Camp	aign Finar	ancing \square	\$5.00 May Be Added to Fees	CHANGES TO OF		D DIRECTOR:	S IN 11
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co	aign Finar	ancing	\$5.00 May Be Added to Fees	CHANGES TO OF		O OIRECTOR:	S IN 11
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12. Thereby certify that the information supplied with this filing does not quality 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 each; 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:

3-15-65

<u>561-470-1609</u>