


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90060 007 ***150.00

DOCUMENT # S45263	
1. Entity Name JOSE A. MENDIGUTIA, D.D.S., P.A.	

Principal Place of Business 1582 W 68TH ST HIALEAH FL 33014	Mailing Address 1582 W 68TH ST HIALEAH FL 33014
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2. Principal Place of Business 1410 W 68 St.	3. Mailing Address 1410 W 68 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah FL	City & State Hialeah. FL.
Zip FL 33014	Country USA.
Zip 33014	Country USA.



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0271337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MENDIGUTIA, JOSE A. D.D.S. 1582 W 68 ST HIALEAH FL 33014	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1410 W 68 St. City Hialeah. FL Zip Code 33014	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D MENDIGUTIA, JOSE A. DDS 8185 WEST 18TH LANE RD. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: 1/31/05 Daytime Phone #: 305-557-6968