

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21439**

1. Entity Name  
**CONCEPCION DENTAL CENTER, P.A.**



Principal Place of Business

**11880 SW 40TH ST  
SUITE 215  
MIAMI, FL 33175**

Mailing Address

**11880 SW 40TH ST  
SUITE 215  
MIAMI, FL 33175**

**DO NOT WRITE IN THIS SPACE**



08112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0325104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FILING INC  
3732 NW 16TH ST  
FT LAUDERDALE, FL 33311**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>CONCEPCION, CARLOS V MD</b>
STREET ADDRESS	<b>11880 SW 40TH ST #215</b>
CITY- ST- ZIP	<b>MIAMI, FL</b>

U00000170196  
08/16/04-80005-014 150.00

TITLE	
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CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

305-552-1553