

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059329

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ALEXANDER LEYTE-VIDAL D D S, P.A.

**Current Principal Place of Business:**

35 WINDSORMERE WAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

35 WINDSORMERE WAY  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3642165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAREN R COPELAND AND ASSOCIATES, PA  
260 PLAZA DRIVE  
OVIEDO, FL FL 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEYTE-VIDAL, ALEXANDER  
Address: 85 ELLINGTON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: SEC  
Name: LEYTE-VIDAL, VIVIAN  
Address: 85 ELLINGTON PLACE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER LEYTE-VIDAL

PRES

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date