

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103838

FILED
Apr 29, 2011
Secretary of State

Entity Name: ACOSTA DENTAL ARTS, P.A.

Current Principal Place of Business:

784 US HWY 1
SUITE 10
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

784 US HWY 1
SUITE 10
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 51-0484681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ACOSTA, ADRIAN
631 CASTLE DRIVE
PALM BEACH GARDENS, FL 33410 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: PSTD
Name: ACOSTA, ADRIAN
Address: 631 CASTLE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ADRIAN ACOSTA

PSTD

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date