

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000636

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: KARENT SIERRA, DDS, P.A.

**Current Principal Place of Business:**

4651 PONCE DE LEON BLVD  
#100  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4651 PONCE DE LEON BLVD  
#100  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 86-1125563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIERRA, KARENT DDS  
4651 PONCE DE LEON BLVD  
#100  
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIERRA, KARENT DDS  
Address: 4651 PONCE DE LEON BLVD., SUITE 100  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARENT SIERRA

P

01/06/2009

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

\_\_\_\_\_ Date