

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084788

FILED
Feb 20, 2011
Secretary of State

Entity Name: CENTER FOR ADVANCED RESTORATIVE DENTISTRY & DENTAL ANESTHESIOLOGY, P.A.

Current Principal Place of Business:

300 N.W. 70TH AVENUE
SUITE 104
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

300 N.W. 70TH AVENUE
SUITE 104
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-2594318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLETTI, PETER
300 N.W. 70TH AVENUE
SUITE 104
PLANTATION, FL 33317 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: COLETTI, PETER
Address: 300 N.W. 70TH AVENUE, SUITE 104
City-St-Zip: PLANTATION, FL 33317

Title: V
Name: DUARTE, FABIOLA
Address: 300 N.W. 70TH AVENUE, SUITE 104
City-St-Zip: PLANTATION, FL 33317

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: PETER COLETTI

DR

02/20/2011

Electronic Signature of Signing Officer or Director

Date