

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033661

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** KENDALL DENTAL CARE,INC.

**Current Principal Place of Business:**

12350 SW 127 AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12350 SW 127 AVE  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 20-8660953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARO, RITA M  
10321 SW 125 STREET  
MIAMI, FL 33176 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: PT  
Name: CLARO, RITA M DDS  
Address: 10321 SW 125 ST  
City-St-Zip: MIAMI, FL 33176

Title: VP  
Name: ACOSTA, HECTOR M  
Address: 10321 SW 125 ST  
City-St-Zip: MIAMI, FL 33176

Title: VP  
Name: CLARO, EMILIO E  
Address: 8415 SW 107 AVE STE 371W  
City-St-Zip: MIAMI, FL 33173

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: RITA M CLARO

PT

02/12/2012

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

\_\_\_\_\_ Date