2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000271

Entity Name: DENTAL PRACTICE ADVISORS, INC.

FILED Apr 24, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1949 S OAK HAVEN CIRCLE MIAMI, FL 33179 US		new i imorpai i iase s	. = 43.11.0331	
Current Mailing Address:		New Mailing Address:		
1949 S OAK HAVEN CIRC MIAMI, FL 33179 US	LE			
FEI Number: 26-4021635	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
BERGER, ARLENE B 1949 S OAK HAVEN CIRC MIAMI, FL 33179 US	CLE			
The above named entity su in the State of Florida.	ıbmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Age	ent	Date	

OFFICERS AND DIRECTORS:

Title:

Name: BERGER, ARLENE B Address: 1949 S OAK HAVEN CIRCLE City-St-Zip: MIAMI, FL 33179 US

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: ARLENE B BERGER P 04/24/2012