

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074505

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** EDELSTEIN & BUSTAMANTE, MDS, P.A.

**Current Principal Place of Business:**

1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0525731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GORDON, HOWARD W ESQ  
1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131 US

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

GIL, GRIZEL  
132 MINORCA AVE  
CORAL GABLES, FL 33134 US

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: GRIZEL GIL

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: EDELSTEIN, SIMON M  
Address: 21107 NE 24TH AVE  
City-St-Zip: NORTH MIAMI, FL 33180

Title: DV  
Name: BUSTAMANTE, CARLOS  
Address: 1925 BRICKELL AVE. APT. D-712  
City-St-Zip: MIAMI, FL 33129

Title: S  
Name: EDELSTEIN, BEILE  
Address: 21107 N.E. 24TH AVE  
City-St-Zip: NORTH MIAMI, FL 33180

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: SIMON M. EDELSTEIN

DPT

01/06/2011

Electronic Signature of Signing Officer or Director

Date