

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000070126

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** NATHALIE VERA, D.M.D., P.A.

**Current Principal Place of Business:**

712 SW 22ND AVE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

712 SW 22ND AVE  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 27-3347148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE MEDI-LAW FIRM  
2100 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES, FL 33134 US

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

VERA, NATHALIE DR.  
712 SW 22 AVE  
FORT LAUDERDALE, FL 33312 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: NATHALIE VERA

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VERA, NATHALIE DMD  
Address: 712 SW 22ND AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

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: NATHALIE VERA

D

02/14/2012

Electronic Signature of Signing Officer or Director

Date