

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000043903

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** BARINAS DENTAL ASSOCIATES, INC

**Current Principal Place of Business:**

1454 NORTH ROCK SPRINGS ROAD  
DENTAL OFFICE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

11228 BRIDGE HOUSE ROAD  
WINDERMERE, FL 34786 US

**New Mailing Address:**

11031 ULLSWATER LN.  
WINDERMERE, FL 34786 US

**FEI Number:** 27-2628857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARINAS, NORMA S  
11228 BRIDGE HOUSE ROAD  
WINDERMERE, FL 34786 US

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

BARINAS, NORMA S  
11031 ULLSWATER LN.  
WINDERMERE, FL 34786 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: NORMA BARINAS

03/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARINAS, NORMA S  
Address: 11031 ULLSWATER LN.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: SECR  
Name: BARINAS, FROILAN  
Address: 11031 ULLSWATER LN.  
City-St-Zip: WINDERMERE, FL 34786 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: NORMA BARINAS

PRES

03/16/2012

Electronic Signature of Signing Officer or Director

Date