

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 01, 2012
Secretary of State

DOCUMENT# N44419

Entity Name: THE ROBERT MORGAN CENTER FOR DENTAL CARE AND EDUCATION, INC.**Current Principal Place of Business:**18180 SW 122 AVENUE
MIAMI, FL 33177**New Principal Place of Business:****Current Mailing Address:**18180 SW 122 AVENUE
MIAMI, FL 33177**New Mailing Address:****FEI Number:** 65-0474872**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARIANI, RICHARD C DDS
6280 SUNSET DR STE 404
S. MIAMI, FL 33143 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: P
Name: BUKSCH, ROBERT F DMD
Address: 16201 SW 95 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: TD
Name: MARIANI, RICHARD C SR
Address: 6280 SUNSET DRIVE., #404
City-St-Zip: S. MIAMI, FL 33143

Title: VP
Name: PERELLO, ROSSANNA DDS
Address: 6917 MIRAMAR PKWY
City-St-Zip: MIRAMAR, FL 33023

Title: S
Name: GONZALEZ, LILIAN DDS
Address: 1246 WEST 68 STREET
City-St-Zip: HIALEAH, FL 33014

Title: ED
Name: HURTADO, AUREA CDA
Address: 18180 SW 122 AVE
City-St-Zip: MIAMI, FL 33177

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD C MARIANI SR

DDS

12/01/2012

Electronic Signature of Signing Officer or Director

Date