

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584352

Entity Name: MW DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

665 MOKENA DR STE 107
MIAMI SPRGS, FL 33166

Current Mailing Address:

10931 SW 116 AVE
MIAMI, FL 33176 US

FEI Number: 59-1840601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLASER, MARTIN
10931 S.W. 116TH AVE.
MIAMI, FL 33176 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title SDP
Name GLASER, MARTIN NSDP
Address 10931 SW 116 AVE
City-State-Zip: MIAMI FL 33176

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: MARTIN GLASER DMD

PRESIDENT

04/09/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date