

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000085491

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC5362760574**

**Entity Name:** DENTAL PARTNERS OF WESTON, INC.

**Current Principal Place of Business:**

2721 EXECUTIVE PARK DR. SUITE 1  
WESTON, FL 33331

**Current Mailing Address:**

2721 EXECUTIVE PARK DR. SUITE 1  
WESTON, FL 33331

**FEI Number:** 65-1146452

**Certificate of Status Desired:** No

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

COLLAZO, RALPH C  
15502 NW 77TH COURT  
MIAMI LAKES, FL 33016 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	PTD	Title	SVD
Name	COLLAZO, RALPH C	Name	BRETOS, ALEXANDER L
Address	2721 EXECUTIVE PARK DR. SUITE 1	Address	2721 EXECUTIVE PARK DR. SUITE 1
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*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:** RALPH COLLAZO

PTD

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date