

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000020685

**Entity Name:** WESTLAND MALL DENTAL, P.A.

**Current Principal Place of Business:**

1665 WEST 49TH STREET  
SUITE 1484  
HIALEAH, FL 33012

**Current Mailing Address:**

1665 WEST 49TH STREET  
SUITE 1484  
HIALEAH, FL 33012

**FEI Number:** 51-0633782

**Certificate of Status Desired:** No

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

VALDMAN, VADIM  
1830 SOUTH OCEAN DRIVE  
2411  
HALLANDALE, FL 33009 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 DP  
Name KRASNOV, ROSTISLAV DDS  
Address 230 W 56TH ST., APT. 52F  
City-State-Zip: NEW YORK NY 10019

Title DVST  
Name VALDMAN, VADIM DDS  
Address 1830 SOUTH OCEAN DR., APT. 2411  
City-State-Zip: HALLANDALE FL 33009

*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:** ROSTISLAV KRASNOV

**PRES**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date