

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031363

**Entity Name:** KIDZONE DENTAL CARE, P.A.

**Current Principal Place of Business:**

2901 FOLKLORE DR  
VALRICO, FL 33596

**Current Mailing Address:**

2901 FOLKLORE DR  
VALRICO, FL 33596

**FEI Number:** 45-5336023

**Certificate of Status Desired:** No

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

FALEMBAN, MOUNIKA  
2901 FOLKLORE DR  
VALRICO, FL 33596 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            CEO  
Name            FALEMBAN, MOUNIKA  
Address        2901 FOLKLORE DR  
City-State-Zip: VALRICO FL 33596

*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:** MOUNIKA FALEMBAN

CEO

01/26/2013

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

\_\_\_\_\_  
Date