

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000000841

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

**Current Principal Place of Business:**

451 EAST ALTAMONTE DRIVE  
SUITE 1279  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

C/O ROSTISLAV KRASNOV, DDS  
17555 COLLINS AVENUE #2401  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 45-4194371

**Certificate of Status Desired:** No

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

KRASNOV, ROSTISLAV  
17555 COLLINS AVENUE  
APT 2401  
SUNNY ISLES BEACH, FL 33160 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:** ROSTISLAV KRASNOV

04/11/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name KRASNOV, ROSTISLAV DDS  
Address 17555 COLLINS AVENUE #2401  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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

D

04/11/2013

Electronic Signature of Signing Officer/Director Detail

Date