

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000005089

**Entity Name:** ADRIANA GABALDON DDS CORP

**Current Principal Place of Business:**

12355 COLLIER BLVD  
STE A  
NAPLES, FL 34116

**Current Mailing Address:**

12355 COLLIER BLVD  
STE A  
NAPLES, FL 34116 US

**FEI Number:** 45-4322263

**Certificate of Status Desired:** No

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

GABALDON, ADRIANA  
12355 COLLIER BLVD  
STE A  
NAPLES, FL 34116 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            PRESIDENT  
Name            GABALDON, ADRIANA  
Address        12355 COLLIER BLVD  
                  STE A  
City-State-Zip: NAPLES FL 34116

Title            VP  
Name            MILLER, ANDRES F  
Address        12355 COLLIER BLVD  
                  STE A  
City-State-Zip: NAPLES FL 34116

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:** GABALDON ADRIANA

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04/28/2014

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

\_\_\_\_\_  
Date