

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000028588

**Entity Name:** MED DENTAL ASSOCIATES, INC

**Current Principal Place of Business:**

7200 NW 7 ST  
SUITE 330  
MIAMI, FL 33126

**Current Mailing Address:**

7200 NW 7 ST  
SUITE 330  
MIAMI, FL 33126 US

**FEI Number:** 45-5481565

**Certificate of Status Desired:** No

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

ROXANA, RODRIGUEZ  
4544 SW 195 WAY  
MIRAMAR, FL 33029 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 P  
Name RODRIGUEZ, ROXANA  
Address 4544 SW 195 WAY  
City-State-Zip: MIRAMAR FL 33029

*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:** ROXANA RODRIGUEZ

**PRESIDENT**

**04/23/2013**

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

\_\_\_\_\_  
Date