

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000057601

**Entity Name:** NEW IMAGE DENTISTRY OF OSCEOLA INC.

**Current Principal Place of Business:**

3520 CHARLTON PLACE  
MELBOURNE, FL 32934

**Current Mailing Address:**

3520 CHARLTON PLACE  
MELBOURNE, FL 32934

**FEI Number:** 46-3548366

**Certificate of Status Desired:** No

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

DINHO, ELAINE B  
4875 NORTH WICKHAM ROAD  
107  
MELBOURNE, FL 32940 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 PVT  
Name MUJEEB, MOHAMMED  
Address 3520 CHARLTON PLACE  
City-State-Zip: MELBOURNE FL 32934

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:** MOHAMMED MUJEEB

**PRESIDENT**

**04/14/2014**

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

\_\_\_\_\_  
Date