

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38335

**Entity Name:** DANIELA A. TUDORAN, D.D.S., AND TIMOTHY M. VINER, D.D.S.,  
P.A.

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC9108905368**

**Current Principal Place of Business:**

240 W. PALMETTO PARK ROAD  
SUITE 100  
BOCA RATON, FL 33432

**Current Mailing Address:**

240 W. PALMETTO PARK ROAD  
SUITE 100  
BOCA RATON, FL 33432 US

**FEI Number:** 65-0248839

**Certificate of Status Desired:** No

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

DRS. TUDORAN & VINER  
2400 COCOANUT ROAD  
SUITE 100  
BOCA RATON, FL 33432 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 VT  
Name TUDORAN, DANIELA A  
Address 240 W. PALMETTO PARK ROAD ,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33432

Title PS  
Name VINER, TIMOTHY M.  
Address 240 W. PALMETTO PARK ROAD,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33432

*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:** TIMOTHY M VINER, DDS

**PRESIDENT**

**03/25/2013**

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

\_\_\_\_\_  
Date