

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 481278

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST DENTAL ARTS, INCORPORATED

**Current Principal Place of Business:**

145 MADERIA AVE  
#312  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

145 MADEIRA AVE.  
#312  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 59-1729559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLICK, HARVEY  
9118 SW 157TH CT  
MIAMI, FL 33196 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GLICK, HARVEY  
Address: 9118 SW 157TH COURT  
City-St-Zip: MIAMI, FL 33196

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: HARVEY GLICK

PRES

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date