

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600287

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** LAURENCE A. STEIN, DDS, PA

**Current Principal Place of Business:**

8525 SW 92 ST  
BLDG A, STE 3-B  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8525 SW 92 ST  
BLDG A, STE 3-B  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 59-1195541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEIN, LAURENCE DDS  
8525 SW 92 ST.  
BLDG A, STE 3-B  
MIAMI, FL 33156 US

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

STEIN, LAURENCE A  
8525 SW 92 ST.  
BUILDING A, SUITE 3-B  
MIAMI, FL 33156 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:** LAURENCE STEIN, DDS

03/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** STEIN, LAURENCE  
**Address:** 8525 SW 92 S., BLDG A, STE 3-B  
**City-St-Zip:** MIAMI, FL 33156

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:** LAURENCE STEIN, DDS

PRES

03/15/2012

Electronic Signature of Signing Officer or Director

Date