

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602976

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** AVENTURA ENDODONTICS ASSOCIATES, P.A.

**Current Principal Place of Business:**

19495 BISCAYNE BLVD  
SUITE 404  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19495 BISCAYNE BLVD  
SUITE 404  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 59-1351337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANE, ARTHUR J., D.D.S.  
19495 BISCAYNE BLVD  
SUITE 404  
AVENTURA, FL 33180 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: PRES  
Name: LANE, ARTHUR J D.D.S.  
Address: 1601 CLEVELAND RD  
City-St-Zip: AVENTURA, FL 33141

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: ARTHUR LANE, DDS

P

03/15/2012

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

\_\_\_\_\_  
Date