

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603256

FILED
Feb 23, 2009
Secretary of State

Entity Name: HIALEAH DENTAL HEALTH CENTER, P.A.

Current Principal Place of Business:

935 WEST 49TH STREET, STE 101
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

935 WEST 49TH STREET, STE 101
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-1367832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, BRENT D
701 BRICKELL AVE
SUITE # 1900
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOOTIN, JOHN V
Address: 15450 NEW BARN ROAD STE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD (X) Delete
Name: ERRO, JUAN CARLOS
Address: 15450 NEW BARN ROAD STE 101
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ERRO, JUAN C
Address: 935 W 49 STREET SUITE 101
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JCE

PD

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date