

**2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603256

**FILED  
Jan 14, 2010  
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  
Name: ERRO, JUAN C  
Address: 935 W 49 STREET SUITE 101  
City-St-Zip: HIALEAH, FL 33012

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: JCE

P

01/14/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date