

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731062

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** THE SOUTHEAST FLORIDA ACADEMY OF GENERAL DENTISTRY, INC.

**Current Principal Place of Business:**

C/O DR JOSE GUREVICH  
8000 SW 40 ST  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

DR IRVING N CARVAJAL  
10114 SW 107 AVE  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 65-0725666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUREVICH, JOSE DR  
6000 SW 40 STREET  
MIAMI, FL 33155 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: PE ( ) Delete  
Name: RODRIGUEZ, JULIO  
Address: 7100 SW 99 AVE  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: CARVAJAL, IRVING N  
Address: 10114 SW 107 AVE  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: BRAND, SANDRA  
Address: 299 ALHAMBRA CIR.  
City-St-Zip: CORAL GABLES, FL 33143

Title: P ( ) Delete  
Name: MORALES, RICHARD  
Address: 229 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: AGUIERRE, ELIZABETH  
Address: 10618 SW 69 TERR.  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING N CARVAJAL

TRES

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date