

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755185

FILED
Sep 15, 2009
Secretary of State

Entity Name: CEOLA-HELO DENTAL ASSOCIATION, INC. (ADCH)

Current Principal Place of Business:

8500 WEST FLAGLER
B-201
MIAMI, FL 33144 US

New Principal Place of Business:

7400 SW 50 TER
301
MIAMI, FL 33155 US

Current Mailing Address:

10114 SW 144 ST
MIAMI, FL 33176

New Mailing Address:

PO BOX 451237
MIAMI, FL 33245

FEI Number: 65-0146194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUJAN, ALDO JR
8500 WEST FLAGLER ST.
B-201
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

LUIS R AVELLO PA
7400 SW 50 TER
301
MIAMI, FL 33155 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: LUIS R AVELLO

09/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: TAVERAS, SONIA
Address: 325 NW 119 AVENUE
City-St-Zip: MIAMI, FL 33182

Title: VT () Delete
Name: HOYOS, ROSSANA
Address: 1800 W 49 STREET SUITE 116
City-St-Zip: HIALEAH, FL 33012

Title: VS () Delete
Name: SOUTO, MARIA
Address: 6512 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: S (X) Delete
Name: HERNANDEZ, MARIA A
Address: 2500 SW 107 AVENUE SUITE 45
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARDENAS, CARLOS M
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: VP (X) Change () Addition
Name: PEREZ SOLAR, JUAN
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: S (X) Change () Addition
Name: NIETO, MARTA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: T (X) Change () Addition
Name: HERNANDEZ, MARIA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

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: MARIA HERNANDEZ

T

09/15/2009

Electronic Signature of Signing Officer or Director

Date