

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755185

FILED
Jul 26, 2011
Secretary of State

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

Current Principal Place of Business:

7400 SW 50 TER
301
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 451237
MIAMI, FL 33245

New Mailing Address:

FEI Number: 65-0146194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIS R AVELLO PA
7400 SW 50 TER
301
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: P
Name: NIETO, MARTA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: VP
Name: HERNANDEZ, MARIA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: S
Name: VILLELA, BERNARDO
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

Title: T
Name: COOPER, ANGELA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245

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

SIGNATURE: MARTA NIETO

P

07/26/2011

Electronic Signature of Signing Officer or Director

Date