

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 31, 2012
Secretary of State

DOCUMENT# 755185

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:** 65-0795620**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: HERNANDEZ, MARIA
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245**Title:** VP
Name: CASTILLO, ELZEBIR
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245**Title:** T
Name: TOLEDO, GILBERT
Address: PO BOX 451237
City-St-Zip: MIAMI, FL 33245**Title:** S
Name: BALLESTEROS, FRANCYS
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: LUIS R AVELLO

RA

10/31/2012

Electronic Signature of Signing Officer or Director

Date