

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004714

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** ORTHODONTIC CENTERS OF FLORIDA, INC.

**Current Principal Place of Business:**

3850 N. CAUSEWAY BLVD. #800  
METAIRIE, LA 70002

**New Principal Place of Business:**

**Current Mailing Address:**

3850 N CAUSEWAY BLVD  
SUITE 800  
METAIRIE, LA 70002

**New Mailing Address:**

**FEI Number:** 72-1277097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: S  
Name: PRATT, GIBSON  
Address: 3850 N CAUSEWAY BLVD, SUITE 800  
City-St-Zip: METAIRIE, LA 70002

Title: CEO  
Name: SIVORI, JOSEPH  
Address: 3850 N CAUSEWAY BLVD #800  
City-St-Zip: METAIRIE, LA 70002

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: GIBSON PRATT

SECT

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date