

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G77464

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** WESTCHESTER DENTAL OFFICE, P.A.

**Current Principal Place of Business:**

8489 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8489 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 59-2366717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASTELLANOS, OSCAR  
8489 CORA WAY  
MIAMI, FL 33155 US

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

CASTELLANOS, OSCAR DDS  
8489 CORAL WAY  
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:** OSCAR CASTELLANOS

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** CASTELLANOS, OSCAR (DDS)  
**Address:** 851 N. VENETIAN DR  
**City-St-Zip:** MIAMI, FL 33139

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:** OSCAR CASTELLANOS

DR.

03/30/2011

Electronic Signature of Signing Officer or Director

Date