

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93677

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** LOUIS G. SPELIOS DMD, PA.

**Current Principal Place of Business:**

20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 CORAL WAY  
FLOOR 12  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0210110      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPELIOS, LOUIS G.  
20335 OLD CUTLER RD  
SUITE 200  
MIAMI, FL 33189 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:** CMPD  
**Name:** SPELIOS, LOUIS G  
**Address:** 600 CORAL WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** ST  
**Name:** SPELIOS, LOUIS G  
**Address:** 600 CORAL WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

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: LOUIS G. SPELIOS

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01/11/2011

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

\_\_\_\_\_  
Date