

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14436

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** MIAMI LAKES DENTAL HEALTH CENTER, P.A.

**Current Principal Place of Business:**

15450 NEW BARN RD.  
SUITE 101  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

15450 NEW BARN RD.  
SUITE 101  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 59-2538168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLEIN, BRENT D  
701 BRICKELL AVENUE STE 1900  
MIAMI, FL 33131 US

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

KLEIN, BRENT D  
3850 BIRD RD #303  
MIAMI, FL 33146 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/12/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ERRO, JUAN C  
Address: 15450 NEW BARN RAOD STE 101  
City-St-Zip: MIAMI LAKES, FL 33014

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: JCE

Electronic Signature of Signing Officer or Director

P

01/12/2012

Date