

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036031

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: SOUTH DENTAL AT HAMMOCKS, INC.

## Current Principal Place of Business:

16233 SW 88 ST  
MIAMI, FL 33193

## New Principal Place of Business:

16233 SW 88 ST  
MIAMI, FL 33196

## Current Mailing Address:

8448 SW 166 PL  
MIAMI, FL 33193

## New Mailing Address:

FEI Number: 65-1001652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, HOSEY  
2701 S. BAYSHORE DRIVE  
SUITE 602  
COCONUT GROVE, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORALES, EFREN  
Address: 7931 SW 120 PLACE  
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete  
Name: LACAYO, CARLOS E  
Address: 9620 SW 152 AVE #40  
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete  
Name: OPPENHEIMER, JAHN  
Address: 7532 SW 117 AVE  
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Delete  
Name: LACAYO, CARLOS E  
Address: 7931 SW 120 PL  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORALES, EFREN  
Address: 7931 SW 120 PLACE  
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Change ( ) Addition  
Name: LACAYO, CARLOS E  
Address: 7931 SW 120 PLACE  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EFREN MORALES

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date