

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000056846

Entity Name: H & M DENTAL SERVICES, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

872 W SUGARLAND HWY  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

6815 S DIXIE HWY  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 65-1015231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ, MARIO D.D.S.  
6815 S DIXIE HWY  
WEST PALM BEACH, FL 33405 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: D  
Name: HERNANDEZ, MARIO D.D.S.  
Address: 6695 CONCH COURT  
City-St-Zip: BOYNTON BEACH, FL 33437

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: MARIO HERNANDEZ

DR

04/20/2011

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

\_\_\_\_\_  
Date