

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000095363

Entity Name: G.L. DENTAL CLINIC, PA

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

782 NW LEJUENE ROAD  
#633  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

782 NW LEJUENE ROAD  
#633  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 65-1047375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTOS, GRISEL  
782 NW LEJUENE ROAD  
STE. 633  
MIAMI, FL 33126 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: DPVS  
Name: MARTOS, GRISEL  
Address: 782 NW LEJUENE RD. #633  
City-St-Zip: MIAMI, FL 33126

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: GRISEL MARTOS

PRES

02/12/2011

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

\_\_\_\_\_  
Date