

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000100927

Entity Name: M.L. GUZMAN, DDS P.A.

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15270 SW 49TH ST.  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15270 SW 49TH ST.  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 65-0595159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUZMAN, MARIA L  
15270 SW 49TH ST.  
MIRAMAR, FL 33027 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: PSTD  
Name: GUZMAN, MARIA L  
Address: 15270 SW 49TH ST.  
City-St-Zip: MIRAMAR, FL 33027

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: MARIA L GUZMAN

PSTD

01/25/2011

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

\_\_\_\_\_  
Date