

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000092737

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** MARINA DENTAL CENTER, INC.

**Current Principal Place of Business:**

2570 S ATLANTIC AVE  
DAYTONA BCH SHORES, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2570 S ATLANTIC AVE  
DAYTONA BCH SHORES, FL 32118

**New Mailing Address:**

**FEI Number:** 56-2288072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAKHLA, WAFIEK B  
2570 S ATLANTIC AVE  
DAYTONA BCH SHORES, FL 32118 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:** DR.  
**Name:** NAKHLA, WAFIEK B  
**Address:** 1201 N HALIFAX AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32118

**Title:** MGR  
**Name:** NAKHLA, HOUDA  
**Address:** 1201 NORTH HALIFAX AVENUE  
**City-St-Zip:** DAYTONA BEACH, FL 32118

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:** WAFIEK NAKHLA

MGR

02/15/2011

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

\_\_\_\_\_  
Date