

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013540

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ALBERT DENTAL SUPPLY INC.

**Current Principal Place of Business:**

14758 SW 56 STREET  
SUITE 231  
MIAMI, FL 33185 US

**New Principal Place of Business:**

14758 SW 56TH STREET  
SUITE 231  
MIAMI, FL 33185 US

**Current Mailing Address:**

14758 SW 56 STREET  
SUITE 231  
MIAMI, FL 33185 US

**New Mailing Address:**

14758 SW 56TH STREET  
SUITE 231  
MIAMI, FL 33185 US

**FEI Number:** 30-0173249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOHR, ALBERTO D  
14758 SW 56 STREET  
SUITE 231  
MIAMI, FL 33185 US

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

LOHR, ALBERTO D  
14758 SW 56TH STREET  
SUITE 231  
MIAMI, FL 33185 US

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:** ALBERTO D LOHR

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LOHR, ALBERTO D  
**Address:** 14758 SW 56TH STREET SUITE 231  
**City-St-Zip:** MIAMI, FL 33185

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:** ALBERTO D LOHR

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date