

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034653

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** PEMBROKE MIRO DENTAL OFFICE, P.A.

**Current Principal Place of Business:**

12251 TAFT ST  
400  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

564 SW 42 AVE 2ND FLOOR  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 02-0683899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAUDIO, MIRO L DDS  
564 SW 42 AVE 2ND FLOOR  
MIAMI, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DDS  
**Name:** MIRO, CLAUDIO L  
**Address:** 564 SW 42 AVE 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33134

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:** CLAUDIO L MIRO

DDS

02/24/2010

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

\_\_\_\_\_  
Date