

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035550

FILED
Apr 23, 2011
Secretary of State

Entity Name: COTY RAPPACCIOLI-FAHIMIPOUR, DMD, P.A.

Current Principal Place of Business:

1826 S.W. 195 AVE
MIRAMAR, FL 330295911

New Principal Place of Business:

Current Mailing Address:

1826 S.W. 195 AVE
MIRAMAR, FL 330295911

New Mailing Address:

FEI Number: 32-0069144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPACCIOLI, COTY
1826 S.W. 195 AVE
MIRAMAR, FL 330295911 US

Name and Address of New Registered Agent:

RAPPACCIOLI, COTY DMD
1826 S.W. 195 AVE
MIRAMAR, FL 330295911 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: COTY RAPPACCIOLI

04/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 S.W. 195 AVE
City-St-Zip: MIRAMAR, FL 330295911

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: PST
Name: RAPPACCIOLI, COTY DMD
Address: 1826 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

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: COTY RAPPACCIOLI

PST

04/23/2011

Electronic Signature of Signing Officer or Director

Date