

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000050675

**FILED**  
**Aug 26, 2010**  
**Secretary of State**

**Entity Name:** DENTAL SERVICES PLUS, INC.

**Current Principal Place of Business:**

5376 WEST 16 AVE.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5376 WEST 16 AVE.  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 92-0193018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANNS, RENATE E  
20500 W. COUNTRY CLUB DR.  
405  
AVENTURA, FL 33180 US

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

MANNS, RENATE E  
1564 NE 191 ST  
321  
MIAMI, FL 33179 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: RENATE MANNS

08/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CMO  
Name: BRUGGISSER, ARTHUR T  
Address: 8150 CLEARY BLVD  
City-St-Zip: PALMNTATION, FL 33324

Title: CFO  
Name: MANNS, RENATE  
Address: 1564 NE 191 ST APT 321  
City-St-Zip: MIAMI, FL 33179

Title: CHRO  
Name: PEREZ, DANILO A  
Address: 1564 NE 191 ST APT 321  
City-St-Zip: MIAMI, FL 33179

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: RENATE MANNS

CFO

08/26/2010

Electronic Signature of Signing Officer or Director

Date