

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000057750

Entity Name: IVAN O. PARRA, DDS, P.A.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6991 WEST BROWARD BLVD  
SUITE#101  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6991 WEST BROWARD BLVD  
SUITE#101  
PLANTATION, FL 33317 US

**New Mailing Address:**

FEI Number: 05-0579548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARRA, ISABEL C  
2775 NE 187TH ST  
APT. W 518  
AVENTURA, FL 33180 US

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

PARRA, ISABEL C  
20225 NE 34TH COURT  
APT. 2019  
AVENTURA, FL 33180 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: CRISTINA PARRA

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PARRA, IVAN O  
Address: 20225 NE 34TH COURT APT 2019  
City-St-Zip: AVENTURA, FL 33180

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: IVAN O PARRA

PSD

02/22/2011

Electronic Signature of Signing Officer or Director

Date