

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082953

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** WINDERMERE DENTAL GROUP INC.

**Current Principal Place of Business:**

6996 PIAZZA GRANDE AVE  
SUITE 209  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6996 PIAZZA GRANDE AVE  
SUITE 209  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 81-0625960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONCADA, ALEJANDRO  
6996 PIAZZA GRANDE AVE  
209  
ORLANDO, FL 32835 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONCADA, SUSANA  
Address: 9483 WESTOVER CLUB CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: V  
Name: MONCADA, ALEJANDRO  
Address: 9483 WESTOVER CLUB CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

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: ALEJANDRO MONCADA

VP

01/09/2012

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

\_\_\_\_\_  
Date