

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091764

FILED
Mar 27, 2009
Secretary of State

Entity Name: SOUTH DENTAL AT DORAL-SPA, INC.

Current Principal Place of Business:

3655 NW 107 AVE
SUITE 103
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

8448 SW 166 PL
MIAMI, FL 33193

New Mailing Address:

FEI Number: 05-0584035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, EFREN
7931 SW 120 PLACE
MIAMI, FL 33183 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: PD () Delete
Name: MORALES, EFREN
Address: 7931 SW 120 PL
City-St-Zip: MIAMI, FL 33183

Title: VD () Delete
Name: MORALES, EFRAN
Address: 7931 SW 120 PLACE
City-St-Zip: MIAMI, FL 33183

Title: VD () Delete
Name: LACAYO, CARLOS E
Address: 7931 SW 120 PL
City-St-Zip: MIAMI, FL 33183

Title: SD (X) Delete
Name: OPPENHEIMER, JOHN H
Address: 7532 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORALES, EFREN
Address: 7931 SW 120 PL
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Change () Addition
Name: LACAYO, CARLOS E
Address: 7931 SW 120 PLACE
City-St-Zip: MIAMI, FL 33183

Title: S (X) Change () Addition
Name: OPPENHEIMER, JOHN
Address: 7532 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EFREN MORALES

P

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date