

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009806

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** EBENEZER DENTAL GROUP, INC.

**Current Principal Place of Business:**

4301 PALM AVE STE F  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4301 PALM AVE STE F  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 90-0134886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABREU, MANUEL A  
19050 NW 85TH AVE  
MIAMI LAKES, FL 33015 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:** DP  
**Name:** ABREU, MANUEL A  
**Address:** 19050 NW 85TH AVE.  
**City-St-Zip:** MIAMI LAKES, FL 33015

**Title:** VP  
**Name:** POLL, VIVIAN M  
**Address:** 8324 NW 201 ST TERRACE  
**City-St-Zip:** MIAMI, FL 33015

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:** MANUEL A. ABREU

DP

04/25/2012

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

\_\_\_\_\_  
Date