

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048738

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** CARLOS F. FERNANDEZ, DDS, PA

**Current Principal Place of Business:**

8500 W FLAGLER ST.  
SUITE A-104  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8500 W FLAGLER ST.  
SUITE A-104  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-0884854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FERNANDEZ, CARLOS F  
8500 W FLAGLER ST.  
SUITE A-104  
MIAMI, FL 33144 US

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

FERNANDEZ, CARLOS F DDS  
8500 W FLAGLER ST.  
SUITE A-104  
MIAMI, FL 33144 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:** CARLOS FERNANDEZ DDS

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FERNANDEZ, CARLOS F  
**Address:** 8500 W FLAGLER ST. STE A-104  
**City-St-Zip:** MIAMI, FL 33144

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:** CARLOS F FERNANDEZ DDS

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date