

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000078046

**FILED**  
**Jun 22, 2010**  
**Secretary of State**

**Entity Name:** MELBOURNE DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2261 SARNO RD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

240 EAST NEW YORK AVENUE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 33-1093411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, CARLOS  
240 EAST NEW YORK AVENUE  
DELAND, FL 32724 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: MEDINA, CARLOS DMD  
Address: 2261 SARNO RD  
City-St-Zip: MELBOURNE, FL 32935

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 MEDINA DMD

DR.

06/22/2010

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

\_\_\_\_\_  
Date