

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140452

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA DENTAL GROUP, INC.

**Current Principal Place of Business:**

16215 SR 50  
STE.102  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

16215 SR 50  
STE.102  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 27-0110702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ORTIZ, CARLOS R  
16215 S R 50  
STE. 102  
CLERMONT, FL 34711 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: PD  
Name: ORTIZ, CARLOS  
Address: 16215 S. R. 50 STE. #102  
City-St-Zip: CLERMONT, FL 34711

Title: STD  
Name: ORTIZ, IRIS N  
Address: 16215 S. R. 50 STE. 102  
City-St-Zip: CLERMONT, FL 34711

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 ORTIZ

DR.

02/09/2012

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

\_\_\_\_\_ Date