

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089571

FILED
Feb 07, 2012
Secretary of State

Entity Name: SIGMA DENTAL INC.

Current Principal Place of Business:

2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743

New Principal Place of Business:

2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743 UN

Current Mailing Address:

2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-3083845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOPRANO, FABIOLA E
2102 EAST OSCEOLA PKWY
2102 & 2104
KISSIMMEE, FL 34743 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: PS
Name: SWIDOROWICZ, ROGER H
Address: 2102 E OSCEOLA PKWY, SUITES 2102 & 2104
City-St-Zip: KISSIMMEE, FL 34743

Title: D
Name: BLANCO-URIBE, JUAN
Address: 2102 E OSCEOLA PKWY, SUITES 2102 & 2104
City-St-Zip: KISSIMMEE, FL 34743

Title: VP
Name: SAVELLI, JUAN
Address: 900 SE OCEAN BLVD., SUITE 216B
City-St-Zip: STUART, FL 34994

Title: VP
Name: GRAHAM, IVAN
Address: 2102 E OSCEOLA PKWY, SUITES 2102 & 2104
City-St-Zip: KISSIMMEE, FL 34743

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: FABIOLA E SOPRANO G

MGR

02/07/2012

Electronic Signature of Signing Officer or Director

Date