

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000090312

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** SOLUTIONS DENTAL OFFICE INC.

**Current Principal Place of Business:**

3095 SOUTH MILITARY TRAIL  
22  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

3095 SOUTH MILITARY TRAIL  
22  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 20-3045466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RECIO, SILVIA M  
166 BENT TREE DR.  
PALM BEACH GARDEN, FL 33418 US

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

RECIO, SILVIA M  
3095 SOUTH MILITARY TRAIL  
22  
PALM BEACH GARDEN, FL 33463 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: SILVIA M RECIO

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: FONTE, FRANCISCO E  
Address: 470 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

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: SILVIA M RECIO

OR

01/11/2012

Electronic Signature of Signing Officer or Director

Date