

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000106817

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** DENTAL DESIGN SERVICES, P.A.

**Current Principal Place of Business:**

4305 VINEYARD CIR  
WESTON, FL 33332

**New Principal Place of Business:**

17140 ROYAL PLAM BLVD #2  
WESTON, FL 33326

**Current Mailing Address:**

4305 VINEYARD CIR  
WESTON, FL 33332

**New Mailing Address:**

17140 ROYAL PLAM BLVD #2  
WESTON, FL 33326

**FEI Number:** 20-3291498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONILLA, JAVIER  
4305 VINEYARD CIR  
WESTON, FL 33332 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:** DPS  
**Name:** BONILLA, JAVIER E  
**Address:** 4305 VINEYARD CIR  
**City-St-Zip:** WESTON, FL 33332

**Title:** DVT  
**Name:** IZQUIERDO, CLAUDIA E  
**Address:** 4305 VINEYARD CIR  
**City-St-Zip:** WESTON, FL 33332

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:** JAVIER BONILLA

DPS

01/31/2011

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

\_\_\_\_\_  
Date