

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054725

Entity Name: TEODORE DENTAL PA

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6901 WEST COLONIAL DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6901 WEST COLONIAL DR.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 56-2576271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEODORU, CATALIN  
6901 WEST COLONIAL DR.  
ORLANDO, FL 32818 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: TEODORU, CATALIN  
Address: 6901 WEST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32818

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: CATALIN TEODORU, DMD

P

01/06/2012

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

\_\_\_\_\_  
Date