2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118402

Entity Name: JUAN ALBERTO DDS, MS, PA

FILED Apr 25, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|-------------------------|---|--------------------------------------|
| 14402 MARINA SAN PABLC #203 | PLACE | | |
| JACKSONVILLE, FL 32224 | US | | |
| Current Mailing Address: | | New Mailing Address: | |
| 14402 MARINA SAN PABLC #203 | PLACE | | |
| JACKSONVILLE, FL 32224 | US | | |
| FEI Number: 20-5540223 F | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| ALBERTO, JUAN DDS,MS 14402 MARINA SAN PABLC #203 |) | | |
| | 110 | | |
| JACKSONVILLE, FL 32224 | US | | |
| JACKSONVILLE, FL 32224 | | ourpose of changing its registered | office or registered agent, or both, |
| JACKSONVILLE, FL 32224 The above named entity sub | | ourpose of changing its registered | office or registered agent, or both, |
| JACKSONVILLE, FL 32224 The above named entity sub in the State of Florida. SIGNATURE: | | | office or registered agent, or both, |

OFFICERS AND DIRECTORS:

Title:

Name: ALBERTO, JUAN DDS,MS

Address: 14402 MARINA SAN PABLO PLACE # 203

City-St-Zip: JACKSONVILLE, FL 32224 US

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: JUAN ALBERTO DDS, MS P 04/25/2011