

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118402

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: JUAN ALBERTO DDS, MS, PA

**Current Principal Place of Business:**

14402 MARINA SAN PABLO PLACE  
#203  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

14402 MARINA SAN PABLO PLACE  
#203  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 20-5540223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBERTO, JUAN DDS,MS  
14402 MARINA SAN PABLO  
#203  
JACKSONVILLE, FL 32224 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: 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

P

04/20/2012

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

\_\_\_\_\_ Date