

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129932

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** MIAMI INTERNATIONAL MALL DENTAL, P.A.

**Current Principal Place of Business:**

1455 NW 107TH AVE SUITE 584  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROSTISLAV KRASNOV, DDS  
230 W 56TH STREET, APT 52F  
NEW YORK, NY 10019

**New Mailing Address:**

1455 NW 107TH AVE SUITE 584  
DORAL, FL 33172

**FEI Number:** 51-0633786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRASNOV, ROSTISLAV  
C/O MIAMI INTERNATIONAL MALL DENTAL PA  
1455 NW 107TH AVE SUITE 584  
MIAMI, FL 33172 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: DP  
Name: KRASNOV, ROSTISLAV DDS  
Address: 230 W 56TH STREET, APT 52F  
City-St-Zip: NEW YORK, NY 10019

Title: DVST  
Name: VALDMAN, VADIM DDS  
Address: 1830 SOUTH OCEAN DRIVE, APT 2411  
City-St-Zip: HALLANDALE, FL 33009

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: ROSTISLAV KRASNOV

PRES

02/09/2012

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

\_\_\_\_\_  
Date