

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135174

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** ENRIQUE GALLO, DDS, P.A.

**Current Principal Place of Business:**

10830 NW 58 ST  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10830 NW 58 ST  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 20-5778510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GALLO, ENRIQUE DDS  
5 NW 124 AVENUE  
MIAMI, FL 33182 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: PSD  
Name: GALLO, ENRIQUE J DDS  
Address: 5 NW 124 AVENUE  
City-St-Zip: MIAMI, FL 33182

Title: VPD  
Name: MOLINA, MAYLING I DDS  
Address: 5 NW 124 AVENUE  
City-St-Zip: MIAMI, FL 33182

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: ENRIQUE GALLO, DDS, PA

PSD

01/27/2012

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

\_\_\_\_\_ Date