

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000145224

**FILED**  
**Jul 01, 2008**  
**Secretary of State****Entity Name:** OANA MIERLOI, D.D.S., P.A.**Current Principal Place of Business:**1425 HAND AVENUE  
SUITE J  
ORMOND BEACH, FL 32174 US**New Principal Place of Business:****Current Mailing Address:**4204 ZACARY LANE  
PORT ORANGE, FL 32129 US**New Mailing Address:****FEI Number:** 20-5919853      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MIERLOI, OANA  
4204 ZACARY LANE  
PORT ORANGE, FL 32129 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:** DR.      ( ) Delete  
**Name:** MIERLOI, OANA DDS  
**Address:** 4204 ZACARY LANE  
**City-St-Zip:** PORT ORANGE, FL 32129**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES      (X) Change ( ) Addition  
**Name:** MIERLOI, OANA DDS  
**Address:** 4204 ZACARY LANE  
**City-St-Zip:** PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OANA MIERLOI

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

PRES

07/01/2008

\_\_\_\_\_  
Date