

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157305

Entity Name: CELIA FIGUEROA DDS PA

FILED  
Apr 27, 2012  
Secretary of State

**Current Principal Place of Business:**

6390 SW 42ND TERR.  
MIAMI, FL 33155

**New Principal Place of Business:**

400 WEST 65 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

6390 SW 42ND TERR.  
MIAMI, FL 33155

**New Mailing Address:**

400 W 65 STREET  
HIALEAH, FL 33012

FEI Number: 20-8132022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIGUEROA, CELIA  
6390 SW 42ND TERR.  
MIAMI, FL 33155 US

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

FIGUEROA, CELIA DDS  
400 WEST 65 STREET  
HIALEAH, FL 33012 US

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: CELIA FIGUEROA, DDS

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FIGUEROA, CELIA DDS  
Address: 400 WEST 65 STREET  
City-St-Zip: HIALEAH, FL 33012

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: CELIA FIGUEROA

PSTD

04/27/2012

Electronic Signature of Signing Officer or Director

Date