

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036409

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MIAMI BEACH DENTAL CENTER, PA

**Current Principal Place of Business:**

975 ARTHUR GODFREY ROAD  
306  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

975 ARTHUR GODFREY ROAD  
306  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 20-8679760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAU-SOLIS, ANGIE  
19653 NW 58TH COURT  
MIAMI, FL 33015 US

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

LAU-SOLIS, ANGIE  
2223 SW 127TH AVE  
MIRAMAR, FL 33027 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:** ANGIE LAU-SOLIS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MR  
**Name:** SOLIS, SERGIO  
**Address:** 2223 SW 127TH AVE  
**City-St-Zip:** MIRAMAR, FL 33027

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:** ANGIE LAU-SOLIS

MRS.

04/29/2011

Electronic Signature of Signing Officer or Director

Date