

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000041833

Entity Name: SUAREZ DENTAL, INC.

**FILED**  
**Jul 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432

**Current Mailing Address:**

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432

**New Principal Place of Business:**

4801 SOUTH CONGRESS AVENUE  
202  
LAKE WORTH, FL 33461

**New Mailing Address:**

4801 SOUTH CONGRESS AVENUE  
202  
LAKE WORTH, FL 33461

FEI Number: 20-8765548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONIQUE TRONCONE, CPA P.A.  
55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 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: PD  
Name: SUAREZ, HENRY DR.  
Address: 6122 SPRING DALE WAY  
City-St-Zip: DELRAY BEACH, FL 33484

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: HENRY SUAREZ

PD

07/01/2010

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

\_\_\_\_\_  
Date