

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000072448

Entity Name: ELEMEN DENTAL P.A.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9640 S.W. 69TH AVENUE  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9640 S.W. 69TH AVENUE  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 26-0404201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TARABOULOS, ROBERT  
9400 S. DADELAND BLVD.  
601  
MIAMI, FL 33156 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: P  
Name: MANZUR, LAMYA  
Address: 9640 S.W. 69TH AVENUE  
City-St-Zip: PINECREST, FL 33156

Title: VP  
Name: ELEJABARRIETA, YON  
Address: 9640 S.W. 69TH AVENUE  
City-St-Zip: PINECREST, FL 33156

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: YON ELEJABARRIETA

VP

01/21/2011

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

\_\_\_\_\_  
Date