2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P07000089800

Entity Name: DR. LIDIA M PAZ DDS PA

Current Principal Place of Business:

950 NORTH KROME AVE.
SUITE # 201
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

950 NORTH KROME AVE.
SUITE # 201
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 26-0864634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAZ DDS, LIDIA M DR
950 N KROME AVE
STE 201
HOMESTEAD, FL 33030 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: PAZ, LIDIA M DR
Address: 950 N KROME AVE STE 201
City-St-Zip: HOMESTEAD, FL 33030

Title: VP
Name: PAZ, LIDIA M DR
Address: 950 N KROME AVE STE 201
City-St-Zip: HOMESTEAD, FL 33030

Title: S
Name: PAZ, LIDIA M DR
Address: 1420 SOUTH AUDUBON DR
City-St-Zip: HOMESTEAD, FL 33035

Title: T
Name: PAZ, LIDIA M DR
Address: 950 N KROME AVE STE 201
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: PAZ, LIDIA M DR
Address: 950 N KROME AVE STE 201
City-St-Zip: HOMESTEAD, FL 33030

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: LIDIA M PAZ DDS DR 02/17/2011

Electronic Signature of Signing Officer or Director — Date