

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089800

Entity Name: DR. LIDIA M PAZ DDS PA

FILED  
Jan 06, 2012  
Secretary of State

## 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: DR. LIDIA PAZ DDS

CEO

01/06/2012

Electronic Signature of Signing Officer or Director

Date