

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097997

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** FINE DENTISTRY OF DOWNTOWN ORLANDO, P.A.

**Current Principal Place of Business:**

429 FERN CREEK AVENUE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

FINE DENTISTRY OF DOWNTOWN ORLANDO  
429 N. FERNCREEK AVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 26-0834365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIVEDI, AILEEN  
FINE DENTISTRY OF DOWNTOWN ORLANDO  
429 N. FERNCREEK AVE.  
ORLANDO, FL 32803 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: TRIVEDI, AILEEN  
Address: 429 FERN CREEK AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: SEC  
Name: ALVAREZ, JORGE-LUIS  
Address: 429 FERN CREEK AVENUE  
City-St-Zip: ORLANDO, FL 32803

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: DANIELL BUGBEE

MRS.

02/23/2011

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

\_\_\_\_\_  
Date