

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001914

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** GONZALO CORTES, D.M.D., P.A.

**Current Principal Place of Business:**

350 SOUTH MIAMI AVENUE  
APT# 1202  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

350 SOUTH MIAMI AVENUE  
APT# 1202  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 26-1708528      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MONTE C. WALDMAN, C.P.A., P.A.  
175 SW 7TH STREET  
SUITE 2011  
MIAMI, FL 33130 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: CORTES, GONZALO  
Address: 350 SOUTH MIAMI AVENUE APT #1202  
City-St-Zip: MIAMI, FL 33130

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: GONZALO CORTES

PRES

01/09/2012

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

\_\_\_\_\_ Date