

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000012450

Entity Name: LUZ HERNANDEZ DDS P.A.

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17427 BRIDGE HILL COURT  
SUITE A  
TAMPA, FL 33647 HC

**New Principal Place of Business:**

**Current Mailing Address:**

17427 BRIDGE HILL COURT  
SUITE A  
TAMPA, FL 33647 HC

**New Mailing Address:**

FEI Number: 26-1378569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ, LUZ J DDS  
17427 BRIDGE HILL COURT  
SUITE A  
TAMPA, FL 33647 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: HERNANDEZ, LUZ J DDS  
Address: 17427 BRIDGE HILL COURT, SUITE A  
City-St-Zip: TAMPA, FL 33647 HC

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: LUZ HERNANDEZ

PRES

03/30/2012

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

\_\_\_\_\_  
Date