2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P08000049939

Entity Name: ASTORIA DENTAL, P.A.

Current Principal Place of Business:

18140 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

18140 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 26-2643751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOCHET, RANDALL M
6308 GRAND CYPRESS CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

ISAAC MATZ PA
2742 BISCAYNE BLVD
MIAMI, FL 33137 US

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: ISAAC MATZ 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D.P ( ) Delete
Name: LOPEZ, ALEXANDER O
Address: 18140 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, ALEXANDER O
Address: 1235 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER O LOPEZ P 01/08/2009
Electronic Signature of Signing Officer or Director Date