

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021183

FILED  
Feb 17, 2010  
Secretary of State

Entity Name: PALMETTO DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

738 CAMILO AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

738 CAMILO AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 35-2361685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADERAL, MARTHA  
738 CAMILO AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MADERAL, MARTHA  
Address: 738 CAMILO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: GARCINI, ALEXANDRIA  
Address: 738 CAMILO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: GARCINI, FRANCISCO  
Address: 738 CAMILO  
City-St-Zip: CORAL GABLES, FL 33134

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: MARTHA MADERAL

P

02/17/2010

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

\_\_\_\_\_ Date