

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000029796

Entity Name: HQ PROSTHODONTICS, PA

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1060 BRICKELL AVE, STE 103/M2  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1060 BRICKELL AVE, STE 103/M2  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 26-4589903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUINTERO, HERNAN  
79 SW 12 STREET  
1208  
MIAMI, FL 33130 US

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

QUINTERO, HERNAN  
1865 BRICKELL AVENUE  
APT. A908  
MIAMI, FL 33129 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/22/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUINTERO, HERNAN E  
Address: 1060 BRICKELL AVE, STE 103/M2  
City-St-Zip: MIAMI, FL 33131

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: HERNAN QUINTERO

P

03/22/2011

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

\_\_\_\_\_  
Date