

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063759

Entity Name: MJ DENTAL SERVICES, PA

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2230 W OLD HIGHWAY 441  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

2230 W OLD HIGHWAY 441  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 27-0713347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JIVAN, MITESH  
2811 SW87TH TER  
UNIT 1210  
DAVIE, FL 33328 US

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

JIVAN, MITESH  
2230 W OLD HIGHWAY 441  
MOUNT DORA, FL 32757 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: MITESH JIVAN

Electronic Signature of Registered Agent

04/16/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JIVAN, MITESH  
Address: 2230 W OLD HIGHWAY 441  
City-St-Zip: MOUNT DORA, FL 32757 US

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: MITESH JIVAN

Electronic Signature of Signing Officer or Director

P

04/16/2012

Date