

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067476

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED AESTHETIC DENTISTRY OF PEMBROKE PINES, P.A.

**Current Principal Place of Business:**

600 N HIATUS ROAD  
SUITE 103  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11880 SW 40TH STREET  
STE 215  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 27-0726846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIPA, ANATOLY  
11880 SW 40TH STREET  
SUITE 215  
MIAMI, FL 33175 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: RIPA, ANATOLY  
Address: 10275 COLLINS AVE APT 100  
City-St-Zip: BAL HARBOUR, FL 33154

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: ANATOLY RIPA

P

03/27/2012

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

\_\_\_\_\_  
Date