

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000082286

FILED
Apr 29, 2011
Secretary of State

Entity Name: HEALTHY FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

5350 WEST HILLSBORO BOULEVARD
SUITE 201
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5350 WEST HILLSBORO BOULEVARD
SUITE 201
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 27-1168262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONIQUE TRONCONE CPA PA
55 NE 5TH AVENUE SUITE 501
BOCA RATON, FL 33432 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,T
Name: ARMANDO L. GARCIA, D.D.S., P.A.
Address: 10201 VIA HIBISCUS, APARTMENT #4
City-St-Zip: BOCA RATON, FL 33426

Title: VP,S
Name: CRUCES, MANUEL
Address: 9132 SW 20TH STREET, A
City-St-Zip: BOCA RATON, FL 33428

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: ARMANDO LUIZ GARCIA

PD

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date