

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083646

FILED
Feb 26, 2011
Secretary of State

Entity Name: DENTAL AND VISION INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

60 EDGEWATER DR APT 17K
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

60 EDGEWATER DR APT 17K
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 27-1088656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERMER, STEVEN J
2800 PONCE DE LEON BLVD STE 1125
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

OFFICERS AND DIRECTORS:

Title: D
Name: SHAPIRO, STANLEY I
Address: 60 EDGEWATER DRIVE APT 17K
City-St-Zip: CORAL GABLES, FL 33133

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: STANLEY SHAPIRO

PRES

02/26/2011

Electronic Signature of Signing Officer or Director

Date