

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088455

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** TMZA DENTAL CONSULTING INC

**Current Principal Place of Business:**

10275 COLLINS AVENUE  
#100  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

11880 SW 40 STREET  
STE 215  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 27-1192555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIPA, ANATOLY  
10275 COLLINS AVE  
#100  
BAL HARBOUR, FL 33154 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: PST  
Name: RIPA, ANATOLY  
Address: 10275 COLLINS AVE #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

PST

04/26/2011

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

\_\_\_\_\_  
Date