

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000004699

FILED
Feb 10, 2012
Secretary of State

Entity Name: DENTAL ASSOCIATES OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

1620 N.E. 163RD STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1620 NE 163 ST
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 27-1709666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPAS, ALFREDO D DR.
DENTAL ASSOCIATES OF NORTH MIAMI BEACH
1620 N.E. 163RD STREET
NORTH MIAMI BEACH, FL 33162 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: CORPAS, ALFREDO
Address: 1620 N.E. 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ALFREDO D. CORPAS

DR

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date