

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038003

**FILED**  
**May 08, 2011**  
**Secretary of State**

**Entity Name:** APOLLONIA DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

3 ISLAND AVE #3D  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

3 ISLAND AVE #3D  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 27-2490515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZENNIE, EMMANUELLE A DMD  
3 ISLAND AVE #3D  
MIAMI BEACH, FL 33139 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: DPST  
Name: ZENNIE, EMMANUELLE A  
Address: 3 ISLAND AVE #3D  
City-St-Zip: MIAMI BEACH, FL 33139

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: EMMANUELLE A. ZENNIE DMD

DPST

05/08/2011

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

\_\_\_\_\_  
Date