

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000055616

Entity Name: LEGACY DENTAL, PA

FILED
Apr 04, 2012
Secretary of State

Current Principal Place of Business:

4993 WEST ATLANTIC AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

4993 WEST ATLANTIC AVE
SUITE 7D
DELRAY BEACH, FL 33445

Current Mailing Address:

4993 WEST ATLANTIC AVE
DELRAY BEACH, FL 33445

New Mailing Address:

4993 WEST ATLANTIC AVE
SUITE 7D
DELRAY BEACH, FL 33445

FEI Number: 80-0644200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGACY DENTAL, LLC
2100 PINEHURST DR
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

URBINO, RAFAEL
4993 W. ATLANTIC AVE
SUITE 7D
DELRAY BEACH, FL 33445 US

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: RAFAEL URBINO

04/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: URBINO, RAFAEL DMD
Address: 4993 W. ATLANTIC AVE, SUITE 7D
City-St-Zip: DELRAY BEACH, FL 33445 US

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: RAFAEL URBINO

PRES

04/04/2012

Electronic Signature of Signing Officer or Director

Date