

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060210

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** CR PEDIATRIC DENTISTRY, P.A.

**Current Principal Place of Business:**

3625 N COUNTRY CLUB DR #1707  
AVENTURA, FL 33180

**New Principal Place of Business:**

3625 N COUNTRY CLUB DR #1707  
AVENTURA, FL 33180 US

**Current Mailing Address:**

3625 N COUNTRY CLUB DR #1707  
AVENTURA, FL 33180

**New Mailing Address:**

3625 N COUNTRY CLUB DR #1707  
AVENTURA, FL 33180 US

**FEI Number:** 27-3118550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, CLAUDIA  
3625 N COUNTRY CLUB DR #1707  
AVENTURA, FL 33180 US

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

SILVAS FINANCIAL SERVICES, LLC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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:** MARIO SILVA

01/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** RODRIGUEZ, CLAUDIA  
**Address:** 3625 N COUNTRY CLUB DR #1707  
**City-St-Zip:** AVENTURA, FL 33180 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:** CLAUDIA RODRIGUEZ

PSTD

01/15/2011

Electronic Signature of Signing Officer or Director

Date