

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000080617

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** SOUTH PEARL DENTAL, INC.

**Current Principal Place of Business:**

21887 RAINBERRY PARK CIRCLE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

21887 RAINBERRY PARK CIRCLE  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 27-3590029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASSEBAUM, KEVIN P  
7015 BERACASA WAY  
206  
BOCA RATON, FL 33433 US

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

KASSEBAUM, KEVIN P  
7015 BERACASA WAY  
105  
BOCA RATON, FL 33433 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:** KEVIN P. KASSEBAUM

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** FERNANDEZ-MARTINEZ, MARIANGEL  
**Address:** 21887 RAINBERRY PARK CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33428

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:** MARIANGEL FERNANDEZ-MARTINEZ

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date