

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000093223

Entity Name: OLGA KHAREVICH DMD PA

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3300 NE 191 STREET LP 18  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3300 NE 191 STREET LP 18  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 27-4005749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHAREVICH, OLGA MDM  
3300 NE 191 STREET LP 18  
AVENTURA, FL 33180 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: KHAREVICH, OLGA DMD  
Address: 3300 NE 191 STREET LP 18  
City-St-Zip: AVENTURA, FL 33180

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: OLGA KHAREVICH DMD

PRES

02/07/2011

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

\_\_\_\_\_  
Date