

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100959

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** NEW TAMPA PEDIATRIC DENTISTRY, INC.

**Current Principal Place of Business:**

2242 ASHLEY OAKS CIR  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

2242 ASHLEY OAKS CIR  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 27-4288518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADR ACCOUNTING SERVICES CORP.  
4699 N FEDERAL HWY  
SUITE 109E  
POMPAN0 BEACH, FL 33064 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: PD  
Name: BEZERRA, FRANCISCO H DDS  
Address: 1260 LORNEWOOD DR  
City-St-Zip: VALRICO, FL 33596

Title: VPD  
Name: BEZERRA, JOSE I  
Address: 31-11 36TH AVE APT 3  
City-St-Zip: LONG ISLAND CITY, NY 11106

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: FRANCISCO H BEZERRA

PD

03/02/2011

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

\_\_\_\_\_  
Date