2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P11000035923

Entity Name: FLORIDA CITY DENTAL, INC.

Current Principal Place of Business:

103 EAST LUCY ST #125
FLORIDA CITY, FL 33030

New Principal Place of Business:

Current Mailing Address:

103 EAST LUCY ST #125
FLORIDA CITY, FL 33030

New Mailing Address:

FEI Number: 45-1681253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORDONEZ, ALVARO
103 EAST LUCY ST #125
FLORIDA CITY, FL 33030 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: PST
Name: ORDONEZ, ALVARO
Address: 103 EAST LUCY ST #125
City-St-Zip: FLORIDA CITY, FL 33030

Title: D
Name: MARTINEZ, CARLA
Address: 103 EAST LUCY ST #125
City-St-Zip: FLORIDA CITY, FL 33030

Title: D
Name: CASTILLO, CARLA A
Address: 103 EAST LUCY ST #125
City-St-Zip: FLORIDA CITY, FL 33030

Title: D
Name: CASTILLO, KARLA A
Address: 103 EAST LUCY ST #125
City-St-Zip: FLORIDA CITY, FL 33030

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: CARLA MARTINEZ D 04/30/2012

Electronic Signature of Signing Officer or Director Date