2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000036504

Entity Name: KARINA CINTRON DMD, P.A.

FILED Apr 10, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|-------------------------------|------------------------------------|---|--|
| 17275 COLLINS AVENUE | | | | |
| 710 SUNNY ISLES BEACH, FL | 33160 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 17275 COLLINS AVENUE | | | | |
| 710 SUNNY ISLES BEACH, FL | 33160 | | | |
| FEI Number: 45-1953814 F | El Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| CINTRON, KARINA 17275 COLLINS AVENUE 710 | | | | |
| SUNNY ISLES BEACH, FL | 33160 US | | | |
| The above named entity sub in the State of Florida. | mits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| | Signature of Registered Age | ent | Date | |

Title:

Name: CINTRON, KARINA

Address: 17275 COLLINS AVENUE, APT 710 City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: KARINA CINTRON P 04/10/2012