

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000044046

Entity Name: LILIAN ROCA DDS PA

**FILED**  
**Sep 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7700 NW 7 STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7700 NW 7 STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 45-2318855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCA, LILIAN  
7700 NW 7 STREET  
PEMBROKE PINES, FL 33024 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: ROCA, LILIAN  
Address: 7700 NW 7 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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: LILIAN R. ROCA-GODINEZ, DDS

DR

09/19/2012

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

\_\_\_\_\_  
Date