

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000059110

Entity Name: PABLO L. SILVA, DDS, PA

FILED  
Jan 10, 2012  
Secretary of State

**Current Principal Place of Business:**

1227 DEL PRADO BLVD. SOUTH  
106  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1227 DEL PRADO BLVD. SOUTH  
106  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 45-2630801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA, PABLO L  
1227 DEL PRADO BLVD. SOUTH  
106  
CAPE CORAL, FL 33990 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: P  
Name: SILVA, PABLO L  
Address: 1227 DEL PRADO BLVD. S. #106  
City-St-Zip: CAPE CORAL, FL 33990 US

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: PABLO L. SILVA

P

01/10/2012

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

\_\_\_\_\_  
Date