

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000059491

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** DENTAL SUPPLIES OF AMERICA, INC

**Current Principal Place of Business:**

2805 OCONNELL DR  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2805 OCONNELL DR  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 45-2643724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PILETA RAMIREZ, ORLANDO  
2805 OCONNELL DR  
KISSIMMEE, FL 34741 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: PILETA RAMIREZ, ORLANDO  
Address: 2805 OCONNELL DR  
City-St-Zip: KISSIMMEE, FL 34741

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: ORLANDO PILETA RAMIREZ

P

05/01/2012

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

\_\_\_\_\_  
Date