

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000067291

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** MARISABEL OLIVERA, D.M.D., P.A.

**Current Principal Place of Business:**

4800 NE 20TH TERRACE  
SUITE 301 SOUTH  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4800 NE 20TH TERRACE  
SUITE 301 SOUTH  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 45-2382491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OLIVERA, MARISABEL  
17530 NW 10TH STREET  
PEMBROKE PINES, FL 33029 US

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

OLIVERA, MARISABEL D.M.D  
4800 NE 20TH TERRACE  
SUITE 301 SOUTH  
FORT LAUDERDALE, FL 33308 US

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: MARISABEL OLIVERA

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIVERA, MARISABEL  
Address: 4800 NE 20TH TERRACE SUITE 301 SOUTH  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: MARISABEL OLIVERA

P

02/14/2012

Electronic Signature of Signing Officer or Director

Date