

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000073339

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** DENTAL MEDICAL SUPPLIES CORP.

**Current Principal Place of Business:**

19195 MYSTIC POINTE DR.  
APT. #2606  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19195 MYSTIC POINTE DR.  
APT. #2606  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 45-3023166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAHAN, ROARK R CPA  
2519 GALIANO STREET  
SUITE 703  
CORAL GABLES, FL 33134 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:** DP  
**Name:** SINGER, DAVID  
**Address:** 19195 MYSTIC POINTE DR. APT. 2606  
**City-St-Zip:** AVENTURA, FL 33180

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:** DAVID SINGER

DP

04/27/2012

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

\_\_\_\_\_  
Date