

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002025

FILED
Apr 26, 2012
Secretary of State

Entity Name: PROSTHODONTICS & IMPLANT THERAPY INC

Current Principal Place of Business:

2814 W. WATERS AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2814 W. WATERS AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3147966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJU, R G
3105 W WATERS AVE SUITE 105
TAMPA, FL 33614 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: DR
Name: IRANMANESH, MOHAMMAD REZA
Address: 4205 CARROLLWOOD VILLAGE
City-St-Zip: TAMPA, FL

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: MOHAMMAD R IRANMANESH

MGR

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date