

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013117

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** GABLES DENTAL CLINIC G.C., INC.

**Current Principal Place of Business:**

5450 SW 8TH STREET  
SUITE 202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

6100 MAYNADA ST  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 58-2030039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOY, ISABEL C  
6100 MAYNADA ST  
CORAL GABLES, FL 33146 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: D  
Name: NOY, ISABEL C  
Address: 6100 MAYNADA ST  
City-St-Zip: CORAL GABLES, FL 33146

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: ICP \_\_\_\_\_

Electronic Signature of Signing Officer or Director

P

04/28/2011

\_\_\_\_\_ Date