## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000000609

City-St-Zip: MIAMI LAKES, FL 33014

Entity Name: MANUEL CAPIRO, D.D.S., P.A.

FILED Jan 22, 2009 Secretary of State

| Current Principal Place of Business: |                                       |                                | New Principal Place                | New Principal Place of Business:             |  |
|--------------------------------------|---------------------------------------|--------------------------------|------------------------------------|--|--|
| STE. 131                             | N STREET<br>.KES, FL 33014            | l                              |                                    |  |  |
| Current Mailing Address:             |                                       |                                | New Mailing Address                | New Mailing Address:                         |  |
| STE. 131                             | N STREET<br>.KES, FL 33014            | ı                              |                                    |  |  |
| FEI Numbe                            | r: 65-0379054                         | FEI Number Applied For ( )     | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name an                              | d Address of C                        | Current Registered Agent:      | Name and Address o                 | Name and Address of New Registered Agent:    |  |
| STE. 131                             | MANUEL<br>N STREET<br>KES, FL 33014   | I US                           |                                    |  |  |
|                                      | e named entity<br>te of Florida.      | submits this statement for the | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATU                              | JRE:                                  |                                |                                    |  |  |
|                                      | Electror                              | nic Signature of Registered Ag | ent                                | Date   |  |
| Election Ca                          | ampaign Financin                      | g Trust Fund Contribution ( ). |                                    |  |  |
| OFFICER                              | RS AND DIREC                          | TORS:                          | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:                      | DR (<br>CAPIRO, MANU<br>6710 MAIN STE |                                | Title:<br>Name:                    | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MANUEL CAPIRO DR. 01/22/2009