

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031171

Entity Name: MARTHA BRAVO, D.D.S., P.A.

FILED  
Apr 27, 2012  
Secretary of State

**Current Principal Place of Business:**

6507 SW CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6507 SW CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0418598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAVO, MARTHA DDS  
9210 SW 67TH ST  
MIAMI, FL 33173 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: PD  
Name: BRAVO, MARTHA DDS  
Address: 9210 SW 67TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: VPS  
Name: SALVADOR, KATIA  
Address: 9210 SW 67 STREET  
City-St-Zip: MIAMI, FL 33173

Title: T  
Name: SALVADOR, LEYANNE  
Address: 9210 SW 67 STREET  
City-St-Zip: MIAMI, FL 33173

Title: S  
Name: SALVADOR, AMADO E  
Address: 9210 SW 67TH STREET  
City-St-Zip: MIAMI, FL 33173

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: KATIA SALVADOR

VPS

04/27/2012

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

\_\_\_\_\_ Date