2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P93000053949

Entity Name: FLORIDA ORTHODONTIC INSTITUTE, INC.

Current Principal Place of Business:

5020 GUNN HWY. #200
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

5020 GUNN HWY. #200
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3196753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIN, LEO
5020 GUNN HWY., SUITE 200
TAMPA, FL 33624 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: CHIN, LEO
Address: 5020 GUNN HWY., SUITE 200
City-St-Zip: TAMPA, FL 33624

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: LEO CHIN DR. 04/27/2011

Electronic Signature of Signing Officer or Director Date