

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057620

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** ALFREDO D. CORPAS, D.D.S., P.A.

**Current Principal Place of Business:**

6741 S.W. 24TH ST.  
SUITE 14  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

6741 S.W. 24TH ST.  
SUITE 14  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 65-0430993      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPAS, ALFREDO D DR  
6741 S.W. 24TH ST.  
SUITE 14  
MIAMI, FL 33155 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: PSTD  
Name: CORPAS, ALFREDO D DDS  
Address: 10545 SW 74 AVE  
City-St-Zip: PINECREST, FL 33156

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: ALFREDO D. CORPAS

DR

02/10/2012

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

\_\_\_\_\_ Date