

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000003311

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** ISABELLA ROZINOV DDS P.A.

**Current Principal Place of Business:**

19111 COLLINS AV.  
APT # 206  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19111 COLLINS AV.  
APT # 206  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0462424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROZINOV, ISABELLA DDS  
19111 COLLINS AV..  
APT.#206  
SUNNY ISLES BEACH, FL 33160 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: DPST  
Name: ROZINOV, ISABELLA DDS  
Address: 19111 COLLINS AV. # 206  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: ISABELLA ROZINOV

PRES

04/23/2011

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

\_\_\_\_\_  
Date