

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034646

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** BEACH DENTAL CENTER, INC.

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
1020  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVE  
1020  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-0578373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, GEORGIA  
13050 MIRANDA STREET  
CORAL GABLES, FL 33156      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: HERNANDEZ, GEORGIA  
Address: 13050 MIRANDA ST  
City-St-Zip: CORAL GABLES, 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: GEORGIA HERNANDEZ

DR.

04/25/2011

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

\_\_\_\_\_ Date