

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000048903

Entity Name: OSMANI DIAZ, D.D.S, P.A.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

650 N.W. 180 TERR. #103  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

650 N.W. 180 TERR. #103  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-0599004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, JOSEFINA  
5620 CASTLEGATE AVENUE  
DAVIE, FL 33331 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: P  
Name: DIAZ, OSMANI D.D.S.  
Address: 5620 CASTLEGATE AVE.  
City-St-Zip: DAVIE, FL 33331

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: OSMANI DIAZ DDA

PRES

04/26/2012

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

\_\_\_\_\_  
Date