

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000053463

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** WILLIAM H. MONTES, DMD, P.A.

**Current Principal Place of Business:**

401 MIRACLE MILE  
SUITE 400  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

401 MIRACLE MILE  
SUITE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0592305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GELBER & COMPANY  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 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: MONTES, WILLIAM H  
Address: 401 MIRACLE MILE #400  
City-St-Zip: CORAL GABLES, FL 33134

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: WILLIAM H MONTES

PRES

01/10/2012

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

\_\_\_\_\_  
Date