

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000076252

FILED
Mar 24, 2009
Secretary of State

Entity Name: POINTE ROYALE DENTAL CLINIC, INC.

Current Principal Place of Business:

19151 S. DIXIE HWY. #206
MIAMI, FL 33157

New Principal Place of Business:

19151 S. DIXIE HWY.
206
MIAMI, FL 33157

Current Mailing Address:

19151 S. DIXIE HWY. #206
MIAMI, FL 33157

New Mailing Address:

19151 S. DIXIE HWY.
206
MIAMI, FL 33157

FEI Number: 65-0623512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, RAFAEL A
2250 S.W. THIRD AVENUE #205
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

GONZALEZ, LEGNA C
19151 S. DIXIE HWY
206
MIAMI, FL 33157 US

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: LEGNA GONZALEZ

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: FURNAGUERA, JOSE
Address: 19151 S. DIXIE HWY. STE 206
City-St-Zip: MIAMI, FL 33157

Title: DP () Delete
Name: BARRIOS, SARA G
Address: 19151 S. DIXIE HWY STE 206
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: CARBOT, MARIO J
Address: 19151 S. DIXIE HWY STE 206
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE FURNAGUERA

DV

03/24/2009

Electronic Signature of Signing Officer or Director

Date