

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2010  
Secretary of State**

DOCUMENT# P95000096810

Entity Name: MANUEL G. LOPEZ D.D.S. P.A.

**Current Principal Place of Business:**

3190 PONCE DE LEON  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

301 NW 127 AVENUE  
MIAMI, FL 33182

**Current Mailing Address:**

3190 PONCE DE LEON  
CORAL GABLES, FL 33134

**New Mailing Address:**

301 NW 127 AVENUE  
MIAMI, FL 33182

FEI Number: 65-0632019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUZ, FELIX D  
7891 W FLAGLER ST  
SUITE 418  
MIAMI, FL 33144 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: PST  
Name: LOPEZ, MANUEL G  
Address: 301 NW 127 AVENUE  
City-St-Zip: MIAMI, FL 33182 US

Title: D  
Name: CRUZ-LOPEZ, PATRICIA  
Address: 301 NW 127 AVENUE  
City-St-Zip: MIAMI, FL 33182 US

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: PATRICIA CRUZ-LOPEZ

D

08/10/2010

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

\_\_\_\_\_  
Date