

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000028220

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ACADEMY OF NON-EXTRACTION ORTHODONTICS, INC.

**Current Principal Place of Business:**

1232 SEASPRAY AVE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

1232 SEASPRAY AVE  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 65-0660568      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GREENFIELD, RAPHAEL  
1232 SEASPRAY AVE  
DELRAY BEACH, FL 33483 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: DPST  
Name: GREENFIELD, RAPHAEL  
Address: 1232 SEASPRAY AVE  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MST  
Name: GREENFIELD, KATHRYN  
Address: 1232 SEASPRAY AVE  
City-St-Zip: DELRAY BEACH, FL 33483 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: RAPHAEL GREENFIELD

DPST

01/07/2012

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

\_\_\_\_\_  
Date