

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062938

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** SILVER STAR DENTAL CENTER, INC.

**Current Principal Place of Business:**

5028 SILVER STAR ROAD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

5028 SILVER STAR ROAD  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 59-3446010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAKHLA, WAFIEK B  
1201 NORTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118 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: CEO  
Name: WAFIEK, NAKHLA B  
Address: 1201 NORTH HALIFAX AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR  
Name: NAKHLA, PETER W  
Address: 1201 NORTH HALIFAX AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR  
Name: NAKHLA, HOUDA I  
Address: 1201 NORTH HALIFAX AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR  
Name: NAKHLA, ANGELA M  
Address: 1201 NORTH HALIFAX AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

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: HOUDA I. NAKHLA

MGR

01/08/2012

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

\_\_\_\_\_ Date