

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013985

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** LUIS A. SANCHEZ, D.M.D., & ASSOCIATES, P.A.

**Current Principal Place of Business:**

401 SW 42 AVE  
STE. 302  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 SW 42 AVE  
STE. 302  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0747880      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANCHEZ, LUIS A DMD  
6376 SW 9TH ST  
WEST 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: DPS  
Name: SANCHEZ, LUIS A DMD  
Address: 6376 SW 9TH ST  
City-St-Zip: WEST MIAMI, FL 33144

Title: MGR  
Name: SANCHEZ, MIRTHA  
Address: 6376 SW 9TH ST  
City-St-Zip: WEST MIAMI, FL 33144

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: LUIS A SANCHEZ

PRES

02/13/2012

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

\_\_\_\_\_ Date