

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047672

FILED
Feb 10, 2009
Secretary of State

Entity Name: MIRO KENDALL DENTAL OFFICE P.A.

Current Principal Place of Business:

11916 SW 88 ST
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

780 NORTHWEST LEJEUNE ROAD
SUITE 526
MIAMI, FL 33126

New Mailing Address:

564 SW 42 AVE 2 ND FLOOR
MIAMI, FL 33134

FEI Number: 65-0758456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUDIO, MIRO L OWNER
780 NORTHWEST LEJEUNE ROAD
SUITE 526
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CLAUDIO, MIRO L OWNER
564 SW 42 AVE 2ND FLOOR
MIAMI, FL 33134 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:

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DDS () Delete
Name: MIRO, CLAUDIO
Address: 780 NORTHWEST LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change () Addition
Name: MIRO, CLAUDIO
Address: 564 SW 42 AVE 2ND FLOOR
City-St-Zip: MIAMI, FL 33134

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: CLAUDIO MIRO

DDS

02/10/2009

Electronic Signature of Signing Officer or Director

Date