

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096363

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** COSMETIC DENTAL CENTER, P.A.

**Current Principal Place of Business:**

2717 E OAKLAND PARK BLVD  
SUITE # 100  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2717 E OAKLAND PARK BLVD  
SUITE # 100  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:** 65-0794939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABANILLAS, JUAN  
2717 E OAKLAND PARK BLVD  
SUITE # 100  
FORT LAUDERDALE, FL 33306 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: P  
Name: CABANILLAS, JUAN  
Address: 2717 E. OAKLAND. PARK BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33306

Title: VP  
Name: CABANILLAS, JULLIETTE  
Address: 2717 E OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33306

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: JUAN J CABANILLAS

P

01/06/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date