

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000604

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: MORA FAMILY DENTISTRY INC.

**Current Principal Place of Business:**

7171 CORAL WAY  
217  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7171 CORAL WAY  
217  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0808642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORA, EDDY A  
4400 SW 94TH CT  
MIAMI, FL 33165      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORA, EDDY A  
Address: 4400 S.W. 94TH COURT  
City-St-Zip: MIAMI, FL 33163

Title: SD  
Name: MORA, YOSJANI  
Address: 4400 S.W. 94TH COURT  
City-St-Zip: MIAMI, FL 33163

Title: VD  
Name: MORA, EUGENIO A  
Address: 11021 SW 26 STREET  
City-St-Zip: MIAMI, FL 33165

Title: TD  
Name: MORA, CARMEN  
Address: 4400 S.W. 94TH COURT  
City-St-Zip: MIAMI, FL 33163

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: E MORA

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

D

04/29/2010

\_\_\_\_\_ Date