

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018385

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: OVIEDO DENTAL CENTER, P.A.

**Current Principal Place of Business:**

2959 ALAFAYA TRAIL, SUITE 109  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2959 ALAFAYA TRAIL, SUITE 109  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3497864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEOANE, MARITZA  
2959 ALAFAYA TRAIL, SUITE 109  
OVIEDO, FL 32765 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: DP ( ) Delete  
Name: SEOANE, MARITZA  
Address: 2959 ALAFAYA TRAIL, SUITE 109  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARITZA SEOANE

P

04/23/2008

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

\_\_\_\_\_  
Date