2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: CANDACE R. COLELLA, D.M.D., P.A.

Current Principal Place of Business:

4403 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

4690 N. STATE RD. 7
SUITE 201
COCONUT CREEK, FL 33073 US

Current Mailing Address:

4403 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073 US

New Mailing Address:

4690 N. STATE RD. 7
SUITE 201
COCONUT CREEK, FL 33073 US

FEI Number: 65-0863385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLELLA, CANDACE R
4403 W. HILLSBORO BLVD.
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

COLELLA, CANDACE R
4690 N. STATE RD. 7
SUITE 201
COCONUT CREEK, FL 33073 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: CANDACE R. COLELLA D.M.D.,P.A. 04/26/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DMD
Name: COLELLA, CANDACE R
Address: 4690 N. STATE RD. 7 SUITE 201
City-St-Zip: COCONUT CREEK, FL 33073

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: CANDACE R. COLELLA D.M.D.,P.A. OWNE 04/26/2012
Electronic Signature of Signing Officer or Director Date