

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000099675

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** DENTAL COSMETICS OF FLORIDA, P.A.

**Current Principal Place of Business:**

9055 SW 87 AVE  
SUITE 300  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

782 NW 42 AVENUE  
SUITE 538  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 65-0878079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OTERO, ANTONIO  
782 NW 42 AVE  
SUITE 538  
MIAMI, FL 33126 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:** DR  
**Name:** OTERO, ANTONIO  
**Address:** 782 N.W. 42 AVENUE ST. 538  
**City-St-Zip:** MIAMI, FL 33126

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:** ANTONIO OTERO

PRES

04/13/2011

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

\_\_\_\_\_  
Date