

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000003562

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** IANTO DENTAL STUDIO, INC.

**Current Principal Place of Business:**

7500 NORTHWEST 5TH STREET  
SUITE 101  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7500 NORTHWEST 5TH STREET  
SUITE 101  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0888991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

THOMAS, IANTO  
7500 NORTHWEST 5TH STREET  
SUITE 101  
PLANTATION, FL 33317 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:** IANTO THOMAS

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** THOMAS, IANTO R  
**Address:** 7500 NORTHWEST 5TH STREET  
**City-St-Zip:** PLANTATION, FL 33317

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:** IANTO THOMAS

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01/03/2012

Electronic Signature of Signing Officer or Director

Date