

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089699

FILED  
Jan 15, 2012  
Secretary of State

**Entity Name:** WESTON DENTAL ENTERPRISES, INC.

**Current Principal Place of Business:**

2625 EXECUTIVE PARK DR  
SUITE 2  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2625 EXECUTIVE PARK DR  
SUITE 2  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 65-0953813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, GUILLERMO  
2625 EXECUTIVE PARK DR  
#2  
WESTON, FL 33331 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: D  
Name: RODRIGUEZ, GUILLERMO  
Address: 5790 CASTLEGATE AVE.  
City-St-Zip: DAVIE, FL 33331

Title: D  
Name: MOOSAVI, AZITA  
Address: 2625 LAKESIDE CORPORATE PARK, EXECUTIVE PAR  
City-St-Zip: WESTON, FL 33331

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: AZITA MOOSAVI

D

01/15/2012

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

\_\_\_\_\_  
Date