

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000090897

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** PROSTHODONTIC DENTISTRY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DRIVE, SUITE #760  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DRIVE, SUITE #760  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0953100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAGA, VALERIA  
2601 SOUTH BAYSHORE DRIVE, SUITE #760  
COCONUT GROVE, FL 33133 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: P  
Name: BRAGA, VALERIA  
Address: 2601 S BAYSHORE DRIVE STE 760  
City-St-Zip: MIAMI, FL 33133

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: VALERIA BRAGA

MRS

02/18/2011

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

\_\_\_\_\_  
Date