

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23410

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** EMMANUEL PLATIS, D.M.D., P.A.

**Current Principal Place of Business:**

1050 NW 15 ST  
SUITE 202  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 NW 15 ST  
SUITE 202  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 65-0237312      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PLATIS, DR. EMMANUEL  
798 COVENTRY ST.  
BOCA RATON, FL 33487 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: PLATIS, EMMANUEL  
Address: 798 COVENTRY ST.  
City-St-Zip: BOCA RATON, FL

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: EMMANUEL PLATIS

DR

02/13/2012

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

\_\_\_\_\_ Date