

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V12505

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** FLAGLER DENTAL CENTER CORP.

**Current Principal Place of Business:**

7313 W. FLAGLER STREET  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

7313 W. FLAGLER STREET  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 65-0320463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANN SIGLER  
2491 N.W. 7TH ST.  
MIAMI, FL 33125 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: PSD  
Name: CASTRO, PEDRO  
Address: 7313 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VTD  
Name: NAVARRO, LENNIE  
Address: 7313 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

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: PEDRO CASTRO

DR

02/09/2012

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

\_\_\_\_\_  
Date