

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21341

FILED
Feb 26, 2010
Secretary of State

Entity Name: SOUTH DENTAL CLINIC, INC.

Current Principal Place of Business:

8448 SW 166 PLACE
MIAMI, FL 33193 US

New Principal Place of Business:

Current Mailing Address:

8448 SW 166 PL
MIAMI, FL 33193 US

New Mailing Address:

FEI Number: 65-0325114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, HOSEY
2701 S. BAYSHORE DRIVE
SUITE 602
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MORALES, EFREN
8448 SW 166 PLACE
MIAMI, FL 33193 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: EFREN MORALES

02/26/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MORALES, EFREN
Address: 7931 SW 120 PL
City-St-Zip: MIAMI, FL 33183

Title: VP
Name: LACAYO, CARLOS E
Address: 8448 SW 166 PLACE
City-St-Zip: MIAMI, FL 33193

Title: S
Name: GAMA, PATRICIA
Address: 8448 SW 166 PLACE
City-St-Zip: MIAMI, FL 33193

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: EFREN MORALES

P

02/26/2010

Electronic Signature of Signing Officer or Director

Date