2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# V21341

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:

8448 SW 166 PLACE
MIAMI, FL 33193 US

FEI Number: 65-0325114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, EFREN
8448 SW 166 PLACE
MIAMI, FL 33193 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: 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: AGUADO, SANDRA
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 04/28/2011

Electronic Signature of Signing Officer or Director Date