

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21341

FILED  
Apr 17, 2012  
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 PLACE  
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:**

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

04/17/2012

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

\_\_\_\_\_  
Date