

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58819

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** LAKES MALL DENTAL, INC.

**Current Principal Place of Business:**

11401 PINES BLVD.  
SUITE 220  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11401 PINES BLVD  
SUITE 220  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 65-0353286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLOANE, RONALD DR  
11401 PINES BLVD.  
SUITE 220  
PEMBROKE PINES, FL 33026 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: SLOANE, RONALD  
Address: 11401 PINES BLVD. #220  
City-St-Zip: PEMBROKE PINES, FL 33026

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: RONALD SLOANE

PRES

01/13/2011

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

\_\_\_\_\_  
Date