

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000004699

**FILED**  
**Jul 30, 2011**  
**Secretary of State**

**Entity Name:** DENTAL ASSOCIATES OF NORTH MIAMI BEACH, INC.

**Current Principal Place of Business:**

1620 N.E. 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1620 N.E. 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

1620 NE 163 ST  
NORTH MIAMI BEACH, FL 33162

FEI Number: 27-1709666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPAS, ALFREDO  
1620 N.E. 163RD STREET  
NORTH MIAMI BEACH, FL 33162 US

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

CORPAS, ALFREDO D DR.  
DENTAL ASSOCIATES OF NORTH MIAMI BEACH  
1620 N.E. 163RD STREET  
NORTH MIAMI BEACH, FL 33162 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: DR. ALFREDO D. CORPAS

07/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CORPAS, ALFREDO  
Address: 1620 N.E. 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: DR. ALFREDO D. CORPAS

OWNE

07/30/2011

Electronic Signature of Signing Officer or Director

Date