above, or on an attachment with all other like empowered. PRESIDENT

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

SIGNATURE: BILLY K. YEH MD

Electronic Signature of Signing Officer/Director Detail

YEH, BILLY K. 8950 N KENDALL DRIVE # 501 MIAMI, FL 33176 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:

Electronic Signature of Registered Agent

Officer/Director Deta	ail :	
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Sincendirector Detail.				
Title	PD	Title	VSD	
Name	YEH, BILLY K.	Name	QUESADA, RAMON	
Address	8950 N KENDALL DR	Address	8950 N KENDALL DR	
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176	

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603509

Entity Name: YEH, QUESADA AND ST. JOHN, M.D.S, P.A.

Current Principal Place of Business:

8950 N KENDALL DRIVE STE 501 MIAMI, FL 33176

Current Mailing Address:

8950 N KENDALL DRIVE STE 501 MIAMI, FL 33176

FEI Number: 59-1431699

Name and Address of Current Registered Agent:

FILED Apr 01, 2013 Secretary of State CC4407856532

Certificate of Status Desired: No

Date

04/01/2013 Date