

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000015835

**Entity Name:** TMJ DENTAL CONSULTANTS, INC.

**Current Principal Place of Business:**

7741 SW 62ND AVENUE  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7741 SW 62ND AVENUE  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 65-0983286

**Certificate of Status Desired:** No

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

ORDONEZ, ALVARO J  
7741 SW 62ND AVENUE  
SOUTH MIAMI, FL 33143 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name ORDONEZ, ALVARO J  
Address 1550 SOUTH DIXIE HWY # 203  
City-State-Zip: MIAMI FL 33146

Title VP  
Name RESTREPO, MARTHA  
Address 1550 SOUTH DIXIE HWY # 203  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARTHA RESTREPO

VP

01/21/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date