

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018867

**Entity Name:** CAROLINE BERMAN DMD, PA

**Current Principal Place of Business:**

2200 N WESTLANDMORE STREET  
505  
ARLINGTON, VA 22213

**Current Mailing Address:**

2200 N WESTLANDMORE STREET  
505  
ARLINGTON, VA 22213

**FEI Number:** 20-4282806

**Certificate of Status Desired:** Yes

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

BERMAN, CAROLINE  
1550 MADRUGA AVE  
SUITE 200  
CORAL GABLES, FL 33146 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 P  
Name BERMAN, CAROLINE  
Address 2200 N WESTMORELAND ST  
City-State-Zip: ARLINGTON VA 22213

*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:** CAROLINE BERMAN

**PRESIDENT**

**02/08/2013**

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

\_\_\_\_\_  
Date