

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000070282

**Entity Name:** COLUMBIA DENTAL CARE AND ASSOCIATES INC.

**Current Principal Place of Business:**

1135 W. COLUMBIA AVE.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P.O. BOX 422427  
KISSIMMEE, FL 34742-2427

**FEI Number:** 27-3360480

**Certificate of Status Desired:** No

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

ROSA SERRANO, DANIEL  
1135 W. COLUMBIA AVE.  
KISSIMMEE, FL 34741 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, D  
Name ROSA-SERRANO, DANIEL  
Address PO BOX 422427  
City-State-Zip: KISSIMMEE FL 34742-2427

*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:** DANIEL ROSA-SERRANO

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date