

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002025

Entity Name: PROSTHODONTICS & IMPLANT THERAPY INC

Current Principal Place of Business:

2814 W. WATERS AVE.
TAMPA, FL 33614

Current Mailing Address:

2814 W. WATERS AVE.
TAMPA, FL 33614

FEI Number: 59-3147966

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAJU, R G
RELIANCE CONSULTING, LLC
13940 N DALE MABRY HWY
TAMPA, FL 33618 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 DR
Name IRANMANESH, MOHAMMAD REZA
Address 4205 CARROLLWOOD VILLAGE
City-State-Zip: TAMPA FL

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: MOHAMMAD REZA IRANMANESH

PRESIDENT

04/23/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date