

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000020978

Entity Name: VIVIAN MEDINA, D.D.S. PA.

Current Principal Place of Business:

3630 MADACA LN
TAMPA, FL 33618

Current Mailing Address:

3630 MADACA LN
TAMPA, FL 33618 US

FEI Number: 59-3196721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, VIVIAN
13518 WESTHIRE DR
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 P
Name MEDINA, VIVIAN
Address 13518 WESTHIRE DR
City-State-Zip: TAMPA FL 33618

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: VIVIAN MEDINA, DDS

OWNER

01/30/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date