

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000009782

**Entity Name:** ADRIANA M. BOVE, D.D.S., P.A.

**Current Principal Place of Business:**

175 SW 7TH STREET  
1212  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
1212  
MIAMI, FL 33130

**FEI Number:** 65-0659693

**Certificate of Status Desired:** No

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

BOVE, ADRIANA MDR.  
175 SW 7TH STREET  
1212  
MIAMI, FL 33130 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            DDS  
Name            BOVE, ADRIANA MDR.  
Address        175 SW 7TH STREET SUITE 1212  
City-State-Zip: MIAMI FL 33130

*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:** ADRIANA BOVE

**PRESIDENT**

**04/29/2013**

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

\_\_\_\_\_  
Date