

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000068166

**Entity Name:** SOUTH FLORIDA PROSTHODONTICS, INC.

**Current Principal Place of Business:**

18781 SW 39TH CT  
MIRAMAR, FL 33029-2722

**Current Mailing Address:**

18781 SW 39TH CT  
MIRAMAR, FL 33029-2722 US

**FEI Number:** 65-0777791

**Certificate of Status Desired:** No

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

DIEZ, FEDERICO DR  
18781 SW 39TH CT  
MIRAMAR, FL 33029-2722 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            DPST  
Name            DIEZ, FEDERICO DR  
Address        18781 SW 39TH CT  
City-State-Zip: MIRAMAR FL 33029-2722

*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:** FEDERICO DIEZ DDS

DPST

01/11/2013

Electronic Signature of Signing Officer/Director Detail

Date