

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107091

Entity Name: ARTURO F. MOSQUERA, DMD., MS., P.A.

Current Principal Place of Business:

1245 S.W. 87TH AVENUE
MIAMI, FL 33174

Current Mailing Address:

1245 S.W. 87TH AVENUE
MIAMI, FL 33174

FEI Number: 65-0885217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSQUERA, ARTURO FDMD, MS
1245 S.W. 87TH AVENUE
MIAMI, FL 33174 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 PSDT
Name MOSQUERA, ARTURO FDMD, MS
Address 1245 S.W. 87TH AVENUE
City-State-Zip: MIAMI FL 33174

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: ARTURO F. MOSQUERA, DMD, MS

PSDT

04/29/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date