

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000044369

**Entity Name:** AMERICA DENTAL CLINIC CORP.

**Current Principal Place of Business:**

3631 SW 87 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

C/O LOPEZ ACCOUNTING  
3408 W 84TH ST STE 106  
HIALEAH, FL 33018 US

**FEI Number:** 65-0919582

**Certificate of Status Desired:** No

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

TOIRAC, MARIA  
3631 SW 87TH AVE  
MIAMI, FL 33165 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 TOIRAC, MARIA  
Address 3631 SW 87TH AVE.  
City-State-Zip: MIAMI FL 33165

*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:** MARIA TOIRAC

**PRESIDENT**

**04/02/2013**

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

\_\_\_\_\_  
Date