#### 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: RAUL PEREZ

Electronic Signature of Signing Officer/Director Detail

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.

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	Р	Title	S
Name	PEREZ, RAUL	Name	PEREZ, MARI
Address	846 CHICOPIT LN	Address	846 CHICOPI
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILI

0

PEREZ, MARIAN

846 CHICOPIT LN

JACKSONVILLE FL 32225

JACKSONVILLE, FL 32225

**Current Mailing Address:** 2771-23 MONUMENT RD.

DOCUMENT# V56490

2771-23 MONUMENT RD. JACKSONVILLE, FL 32225

Entity Name: RAUL PEREZ, D.D.S., P.A.

**Current Principal Place of Business:** 

# FEI Number: 59-3138392

# Name and Address of Current Registered Agent:

PEREZ, RAUL 846 CHICOPIT LN JACKSONVILLE, FL 32225 US

SIGNATURE:

Title

Name

Address

City-State-Zip:

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### FILED Jan 12, 2013 Secretary of State CC6165614434

Certificate of Status Desired: No

IA C IT LN City-State-Zip: JACKSONVILLE FL 32225

PRESIDENT

Date

01/12/2013

Date