

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584352

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: MW DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

665 MOKENA DR STE 107  
MIAMI SPRGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7409 MIAMI LAKES DR  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

FEI Number: 59-1840601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLASER, MARTIN  
10931 S.W. 116TH AVE.  
MIAMI, FL 33176 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SDP ( ) Delete  
Name: GLASER, MARTIN N SDP  
Address: 7409 MIAMI LAKES DR.WEST  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTIN GLASER DMD

PRES

07/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date