

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62838

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** TERRY GLENN MAX, D.D.S., P.A.

**Current Principal Place of Business:**

C/O TERRY GLENN MAX  
5455 NORTH FEDERAL HIGHWAY, SUITE C  
BOCA RATON, FL 334874994 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TERRY GLENN MAX  
5455 NORTH FEDERAL HIGHWAY, SUITE C  
BOCA RATON, FL 334874994 US

**New Mailing Address:**

**FEI Number:** 59-2161801      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAX, TERRY G DDS  
5455 NORTH FEDERAL HIGHWAY, SUITE C  
BOCA RATON, FL 33487 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MAX, TERRY G DDS  
Address: 5455 N. FEDERAL HWY, C  
City-St-Zip: BOCA RATON, FL 33487

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: TERRY G. MAX

DR.

02/10/2010

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

\_\_\_\_\_ Date