

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53055

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** DENTAL PROSTHETICS OF PLANTATION INC.

**Current Principal Place of Business:**

8424 NW 57TH ST  
TAMARAC, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

8424 NW 57TH ST  
TAMARAC, FL 33351 US

**New Mailing Address:**

FEI Number: 65-0099894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTHONY, ALBERT A. JR.  
8241 NW 5Z ST  
LAUDERDALE, FL 33351 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANTHONY, ALBERT A. JR.  
Address: 8241 NW 5Z ST  
City-St-Zip: LAUDERHILL, FL

Title: D  
Name: ANTHONY, BERNADETTE M.  
Address: 8241 NW 5Z ST  
City-St-Zip: LAUDERHILL, FL

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: ALBERT A. ANTHONY

PRES

04/28/2010

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

\_\_\_\_\_ Date