

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95232

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: CHILDREN'S DENTISTRY, P.A.

## Current Principal Place of Business:

200 VILLAGE SQUARE XING  
SUITE E101  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

5839 WHIRLAWAY RD  
PALM BEACH GARDENS, FL 33418

## New Mailing Address:

FEI Number: 65-0123520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENDECK, OSCAR R  
5839 WHIRLAWAY RD  
PALM BEACH GARDENS, FL 33418 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: STD ( ) Delete  
Name: BENDECK, OSCAR R  
Address: 200 VILLAGE SQUARE CROSSING, STE 101  
City-St-Zip: PALM BEACH GDNS, FL 33410

Title: PD ( ) Delete  
Name: MIRNA, BENDECK  
Address: 200 VILLAGE SQUARE CROSSING, STE 101  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: BENDECK, JESSICA  
Address: 200 VILLAGE SQUARE CROSSING, SUITE 101  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: BENDECK, HEIDI  
Address: 5839 WHIRLAWAY RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BENDECK, JR., OSCAR R  
Address: 5839 WHIRLAWAY RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BENDECK, STEPHANIE  
Address: 5839 WHIRLAWAY RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OSCAR R BENDECK

T

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date