

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95232

FILED
Mar 22, 2011
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

OFFICERS AND DIRECTORS:

Title: STD
Name: BENDECK, OSCAR R
Address: 200 VILLAGE SQUARE CROSSING, STE 101
City-St-Zip: PALM BEACH GDNS, FL 33410

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

Title: D
Name: BENDECK, JESSICA J
Address: 5839 WHIRLAWAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

Title: D
Name: CORLETO, STEPHANIE
Address: 5839 WHIRLAWAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: OSCAR R. BENDECK

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03/22/2011

Electronic Signature of Signing Officer or Director

_____ Date