

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 16, 2011  
Secretary of State**

DOCUMENT# K95232

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

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

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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08/16/2011

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

\_\_\_\_\_  
Date