

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000129935

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** SAWGRASS MILLS MALL DENTAL, P.A.

**Current Principal Place of Business:**

12801 WEST SUNRISE BLVD SUITE F222  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROSTISLAV KRASNOV DDC  
230 W 56TH STREET, APT 52F  
NEW YORK, NY 10019

**New Mailing Address:**

**FEI Number:** 51-0633779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDMAN, VADIM  
1830 SOUTH OCEAN DRIVE APT 2411  
HALLANDALE, FL 330095 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: DP  
Name: KRASNOV, ROSTISLAV DDS  
Address: 230 W 56TH STREET, AP 52F  
City-St-Zip: NEW YORK, NY 10019

Title: DVST  
Name: VALDMAN, VADIM DDS  
Address: 1830 SOUTH OCEAN DRIVE, APT 2411  
City-St-Zip: HALLANDALE, FL 33009

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: ROSTISLAV KRASNOV

PRES

01/09/2011

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

\_\_\_\_\_  
Date