

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152871

Entity Name: G&S DENTAL INC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

6080 BOYNTON BCH BLVD., SUITE 200  
BOYNTON BCH, FL 33437

**New Principal Place of Business:**

6080 BOYNTON BCH BLVD., SUITE 200  
SUITE 200  
BOYNTON BCH, FL 33437

**Current Mailing Address:**

6080 BOYNTON BCH BLVD., SUITE 200  
BOYNTON BCH, FL 33437

**New Mailing Address:**

6080 BOYNTON BCH BLVD., SUITE 200  
SUITE 200  
BOYNTON BCH, FL 33437

FEI Number: 20-8030356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: GIAMBRONE, RICHARD  
Address: 6080 BOYNTON BCH BLVD., SUITE 200  
City-St-Zip: BOYNTON BCH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD GIAMBRONE

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date