

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067339

Entity Name: ABC DENTAL TEAM, INC

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD  
309  
HOLLYWOOD, FL 33009

**New Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD  
309  
HALLANDALE, FL 33009

**Current Mailing Address:**

2100 E. HALLANDALE BEACH BLVD.  
309  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 26-3484737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GORBATOV, DMITRY P  
2100 E. HALLANDALE BEACH BLVD  
309  
HALLANDALE, FL 33009 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: P  
Name: GORBATOV, DMITRY P  
Address: 2100 E HALLANDALE BEACH BLVD. STE 309  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP  
Name: ANOKHINA, SVETLANA  
Address: 2100 E HALLANDALE BEACH BLVD. STE 309  
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: DMITRY GORBATOV

P

02/16/2011

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

\_\_\_\_\_ Date