

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092781

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** MALCOLM MEISTER DDS, MSM, JD, P.A.

**Current Principal Place of Business:**

3000 ISLAND BLVD  
SUITE 2704  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

3000 ISLAND BLVD  
SUITE 2704  
AVENTURA, FL 33160 US

**New Mailing Address:**

**FEI Number:** 26-3905158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEISTER, MALCOLM  
3000 ISLAND BLVD  
SUITE 2704  
AVENTURA, FL 33160 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: MEISTER, MALCOLM  
Address: 3000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160 US

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: MALCOLM MEISTER

P

04/20/2011

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

\_\_\_\_\_  
Date