

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009511

FILED  
Jan 14, 2010  
Secretary of State

Entity Name: TOMAS FRANKEL D.M.D. & ROBERT FRANKEL D.M.D., P.A.

**Current Principal Place of Business:**

C/O 1441 BRICKELL AVENUE  
SUITE 1013  
MIAMI, FL 33131

**New Principal Place of Business:**

C/O 286 N.E. 39TH STREET  
MIAMI, FL 33137

**Current Mailing Address:**

C/O 1441 BRICKELL AVENUE  
SUITE 1013  
MIAMI, FL 33131

**New Mailing Address:**

C/O 286 N.E. 39TH STREET  
MIAMI, FL 33137

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

GOLDSTEIN, DAVID M  
1441 BRICKELL AVENUE  
SUITE 1013  
MIAMI, FL 33131 US

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

GOLDSTEIN, DAVID M  
286 N.E. 39TH STREET  
MIAMI, FL 33137 US

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: DAVID M. GOLDSTEIN  
Electronic Signature of Registered Agent  
01/14/2010  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRANKEL, TOMAS  
Address: 286 N.E. 39TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: V  
Name: FRANKEL, ROBERT  
Address: 286 N.E. 39TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: ST  
Name: FRANKEL, LIVIA  
Address: 286 N.E. 39TH STREET  
City-St-Zip: MIAMI, FL 33137

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: DAVID M. GOLDSTEIN  
Electronic Signature of Signing Officer or Director  
RA  
01/14/2010  
Date