

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95232

Entity Name: CHILDREN'S DENTISTRY, P.A.**Current Principal Place of Business:**200 VILLAGE SQUARE XING
SUITE E101
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**200 VILLAGE SQUARE XING
SUITE E101
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 65-0123520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENDECK, OSCAR R
5839 WHIRLAWAY RD
PALM BEACH GARDENS, FL 33418 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VSTD
Name BENDECK, OSCAR R
Address 200 VILLAGE SQUARE CROSSING,
STE 101
City-State-Zip: PALM BEACH GDNS FL 33410Title DIRECTOR
Name BENDECK, HEIDI MARIE
Address 1040 SANCTUARY COVE
City-State-Zip: NORTH PALM BEACH FL 33410Title DIRECTOR
Name CORLETO, STEPHANIE
Address 262 IRIS DR.
City-State-Zip: JUPITER FL 33458Title PD
Name MIRNA, BENDECK
Address 200 VILLAGE SQUARE CROSSING,
STE 101
City-State-Zip: PALM BEACH GARDENS FL 33410Title DIRECTOR
Name BENDECK, OSCAR R JR.
Address 5839 WHIRLAWAY RD
City-State-Zip: PALM BEACH GARDENS FL 33418

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: OSCAR R BENDECK

PRESIDENT

04/13/2015

Electronic Signature of Signing Officer/Director Detail_____
Date