

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009511

**FILED**  
**Jun 23, 2014**  
**Secretary of State**  
**CC3780731616**

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

**Current Principal Place of Business:**

1175 NE 125 STREET  
101  
N MIAMI, FL 33161

**Current Mailing Address:**

C/O 12000 BISCAYNE BLVD.  
802  
N. MIAMI, FL 33181 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GOLDSTEIN, DAVID M  
12000 BISCAYNE BLVD  
802  
N. MIAMI, FL 33181 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	P	Title	V
Name	FRANKEL, TOMAS	Name	FRANKEL, ROBERT
Address	1175 NE 125 STREET 101	Address	1175 NE 125 STREET 101
City-State-Zip:	N MIAMI FL 33161	City-State-Zip:	N MIAMI FL 33161

Title           ST  
Name           FRANKEL, LIVIA  
Address        1175 NE 125 STREET  
                  101  
City-State-Zip: N MIAMI FL 33161

*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: TOMAS FRANKEL** **P**                      **06/23/2014**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date