

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000034686

**Entity Name:** ORAL CARE PERFECTED, INC.

**Current Principal Place of Business:**

906 NE 26TH AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

906 NE 26TH AVENUE  
FORT LAUDERDALE, FL 33304

**FEI Number:** 46-2558091

**Certificate of Status Desired:** Yes

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

KARNEY, WILLIAM M ESQ  
915 MIDDLE RIVER DR, SUITE 506  
FORT LAUDERDALE, FL 33304 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 PSTD  
Name BALANOFF, WILLIAM L  
Address 906 NE 26TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** WILLIAM L. BALANOFF

PSTD

07/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date