## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 505021** 

Entity Name: PERIODONTICS OF THE PALM BEACHES, P.A.

FILED May 04, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1897 PALM BECH LAKES BLVD 1897 PALM BECH LAKES BLVD WEST PALM BCH., FL 33409

215

WEST PALM BCH., FL 33409

**Current Mailing Address: New Mailing Address:** 

1897 PALM BECH LAKES BLVD 1897 PALM BECH LAKES BLVD WEST PALM BCH., FL 33409 215

WEST PALM BCH., FL 33409

FEI Number: 59-1673956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FELDMAN, STUART A. FELDMAN, STUART A 1897 PALM BCH LK BLVD. 1897 PALM BCH LK BLVD. WEST PALM BCH., FL 33409 US

WEST PALM BCH., FL 33409 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: 05/04/2010

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

FELDMAN, STUART A. Name: 1897 PALM BCH LK BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33409

Title: VΡ

Name: LEAL, KARINA F

Address: 1897 PALM BCH LK BLVD. WEST PALM BEACH, FL 33409 City-St-Zip:

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: STUART A. FELDMAN PD 05/04/2010