

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 506362

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** HARVEY J. ADELSON, D.M.D., F.A.G.D., P.A.

**Current Principal Place of Business:**

7737 N UNIVERSITY DRIVE  
207  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7737 N UNIVERSITY DRIVE  
207  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 59-1679913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADELSON, HARVEY J  
7737 NORTH UNIVERSITY DRIVE #207  
TAMARAC, FL 33321 US

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

ADELSON, HARVEY J DR  
7737 NORTH UNIVERSITY DRIVE #207  
TAMARAC, FL 33321 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:** HARVEY J. ADELSON

03/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ADELSON, HARVEY J DMD.  
**Address:** 7737 NORTH UNIVERSITY DR  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** VP  
**Name:** ADELSON, DONNA S  
**Address:** 7737 NORTH UNIVERSITY DRIVE #207  
**City-St-Zip:** TAMARAC, FL 33321

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:** HARVEY J. ADELSON

DR

03/27/2011

Electronic Signature of Signing Officer or Director

Date