

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600848

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** ROSENBERG, HOLT, ZINSER & GANELES, P.A.

**Current Principal Place of Business:**

1515 NORTH FLAGLER DR  
SUITE # 301  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1515 NORTH FLAGLER DR  
SUITE # 301  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 59-1234582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOLT, ROBERT L DMD PHD  
1515 NORTH FLAGLER DRIVE  
SUITE # 301  
WEST PALM BEACH, FL 33401 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** ROSENBERG, MARVIN M D.D.S.  
**Address:** 1515 N FLAGLER DR, SUITE # 301  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** VPD  
**Name:** HOLT, ROBERT L DMD,PHD  
**Address:** 1515 NORTH FLAGLER DRIVE, SUITE #301  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** VPD  
**Name:** GUTIERREZ, MAURICIO A DMD, MS  
**Address:** 1515 NORTH FLAGLER DRIVE, SUITE #301  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** SECD  
**Name:** GANELES, JEFFREY D.M.D.  
**Address:** 3020 NORTH MILITARY TRAIL, SUITE #200  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** TRED  
**Name:** NORBIN, FREDERIC J DMD  
**Address:** 3020 NORTH MILITARY TRAIL, SUITE #200  
**City-St-Zip:** BOCA RATON, FL 33431

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: ROBERT L. HOLT, DMD,PHD

VP

02/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date