

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600848

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA CENTER FOR PERIODONTICS & IMPLANT DENTISTRY, P.A.

**Current Principal Place of Business:**

3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**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:**

GANELES, JEFFREY D.M.D  
3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: GANELES, JEFFREY D.M.D.  
Address: 3020 NORTH MILITARY TRAIL  
City-St-Zip: BOCA RATON, FL 33431

Title: VPSD  
Name: NORBIN, FREDERIC J D.M.D.  
Address: 3020 NORTH MILITARY TRAIL  
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: JEFFREY GANELES

VPD

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date