

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600911

FILED
Apr 24, 2011
Secretary of State

Entity Name: DAVID M. ADELMAN D D S P A

Current Principal Place of Business:

16680 N E 10TH AVE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16680 N E 10TH AVE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-1237519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELMAN, DAVID M
16680 N. E. 10TH AVE
NO MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

ADELMAN, DAVID M, DDS
16680 N. E. 10TH AVE
NO MIAMI BEACH, FL 33162 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: DAVID M. ADELMAN, DDS

04/24/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ADELMAN, DAVID M DDS
Address: 16680 NE 10 AVE.
City-St-Zip: NO MIAMI BEACH, FL 33162

Title: T
Name: ADELMAN, GAIL L
Address: 16680 NE 10TH AVE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: S
Name: ADELMAN GAIL L
Address: 16680 NE 10TH AVE
City-St-Zip: N MIAMI BEACH, FL

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: DAVID M. ADELMAN, DDS

PD

04/24/2011

Electronic Signature of Signing Officer or Director

Date