

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600973

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** NORMAN BLUTH, D.D.S. AND BARRY A. BLUTH, D.M.D., P.A.

**Current Principal Place of Business:**

4175 S.W. 64 AVENUE DAVIE  
104  
FORT LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4175 S.W. 64 AVENUE DAVIE  
104  
FORT LAUDERDALE, FL 33314

**New Mailing Address:**

**FEI Number:** 59-1263751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUTH,NORMAN  
4175 S.W. 64TH AVE.  
104  
FORT LAUDERDALE, FL 33314 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: PD  
Name: BLUTH,NORMAN  
Address: 4175 S.W. 64TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: D  
Name: BLUTH, BARRY A  
Address: 4175 S.W. 64 AVE  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: BLUTH, SHERRI  
Address: 4175 S W 64 AVE  
City-St-Zip: FT LAUDERDALE, FL 33314

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: NORMAN BLUTH

PD

01/05/2010

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

\_\_\_\_\_  
Date