

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601279

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** STUART BERNSTEIN DDS P A

**Current Principal Place of Business:**

184 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

184 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 59-1266123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNSTEIN,STUART  
184 WESTWARD DR  
MIAMI SPRINGS, FL 33166 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:** PRES  
**Name:** BERNSTEIN,STUART  
**Address:** 184 WESTWARD DR.  
**City-St-Zip:** MIAMI SPRINGS, FL 33166 US

**Title:** VP  
**Name:** BERNSTEIN, KENNETH  
**Address:** 184 WESTWARD DRIVE  
**City-St-Zip:** MIAMI SPRINGS, FL 33166 US

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:** STUART BERNSTEIN

PRES

01/03/2011

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

\_\_\_\_\_  
Date