

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603531

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** BRUCE M. SHAW, D.D.S., P.A.

**Current Principal Place of Business:**

1111 LINCOLN RD  
SUITE 740  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 LINCOLN RD  
SUITE 740  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 59-1404496      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHAW, BRUCE  
1111 LINCOLN RD  
SUITE 740  
MIAMI BEACH, FL 33139 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: DR  
Name: SHAW, BRUCE M  
Address: 1111 LINCOLN RD #740  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DR  
Name: SHAW, BRUCE M.  
Address: 1111 LINCOLN RD #740  
City-St-Zip: MIAMI BEACH, FL 33139

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: BRUCE SHAW

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

PRES

02/15/2011

\_\_\_\_\_ Date