

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 629946

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** SEIDER AND STEVENS, P.A.

**Current Principal Place of Business:**

3157 NORTH UNIVERSITY DR  
104  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

3157 NORTH UNIVERSITY DR  
104  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 59-1939858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEIDER, P STUART  
3157 N UNIVERSITY DRIVE  
104  
PEMBROKE PINES, FL 33024 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: P/D  
Name: SEIDER, P STUART  
Address: 3157 N UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP/D  
Name: STEVENS, JEFFREY A  
Address: 1051 N 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: SEIDER, PAUL J DMD  
Address: 3157 NORTH UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

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: P STUART SEIDER

PRES

01/06/2011

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

\_\_\_\_\_ Date