

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15180

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** BONER & BONER, D.D.S., P.A.

**Current Principal Place of Business:**

254 SUNSET AVE.  
P. O. BOX 4388  
PALM BCH., FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

254 SUNSET AVE.  
P. O. BOX 4388  
PALM BCH., FL 33480

**New Mailing Address:**

**FEI Number:** 59-2084465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BONER, CLIVE, D. D. S.  
254 SUNSET AVENUE  
PALM BEACH, FL 33480      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: DPT  
Name: BONER, CLIVE  
Address: 159 ATLANTIC AVE  
City-St-Zip: PALM BCH, FL 33480

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: CLIVE BONER

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

PRES

02/21/2011

\_\_\_\_\_ Date