

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44035

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** CHARLES H. KATES, D.D.S, P.A.

**Current Principal Place of Business:**

1 NORTHEAST 168TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1 NORTHEAST 168TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 59-2124293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATES, ADELE MRS.  
1 NE 168TH ST  
NORTH MIAMI BEACH, FL 33162 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: PD  
Name: KATES, CHARLES H D.D.S.  
Address: 1 NORTHEAST 168TH STREET  
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: S  
Name: KATES, ADELE M.ED  
Address: 1 NE 168 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 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: CHARLES H. KATES

DR.

03/21/2012

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

\_\_\_\_\_  
Date