

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13123

FILED
Apr 12, 2006
Secretary of State

Entity Name: RESSLER, HIRSCHL & LELCHUK OF N.M.B., D.D.S., P.A.

Current Principal Place of Business:

3909 NE 163RD ST. STE 310
NO. MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3909 NE 163RD ST. STE 310
NO. MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 59-2237788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESSLER, ALLEN
3909 NE 163RD ST, STE 310
N MIAMI, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESSLER, ALLEN,
Address: 3909 NE 163RD ST
City-St-Zip: NORTH MIAMI BEACH, FL

Title: SD () Delete
Name: HIRSCHL, ANDREW,
Address: DV
City-St-Zip: NORTH MIAMI BEACH, FL

Title: DT () Delete
Name: LELCHUK, IRA,
Address: 3909 NE 163RD ST
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RESSLER, ALLEN,
Address: 3909 NE 163RD ST, #310
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SD (X) Change () Addition
Name: HIRSCHL, ANDREW,
Address: 3909NE 163 ST., #310
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DT (X) Change () Addition
Name: LELCHUK, IRA,
Address: 3909 NE 163RD ST, #310
City-St-Zip: N. MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALLEN RESSLER DDS

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date