2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# G13123

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DR. ALLEN A RESLLER, DDS PD 09/04/2007

Electronic Signature of Signing Officer or Director Date