2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2010
Secretary of State

DOCUMENT# J31896

Entity Name: I. WARREN HERSCH, D.M.D., P.A.

Current Principal Place of Business:

823 DUNLAWTON AVE
STE E
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

823 DUNLAWTON AVE
STE E
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2712688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSCH, I. WARREN, D.M.D.
823 DUNLAWTON AVE.
SUITE E
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

HERSCH, I. WARREN, D.M.D.,P.A.
823 DUNLAWTON AVE.
SUITE E
PORT ORANGE, FL 32127 US

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: I. WARREN HERSCH, D.M.D. 05/17/2010
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: DPS
Name: HERSCH, I. WARREN DMD
Address: 823 DUNLAWTON AVE SUITE E
City-St-Zip: PORT ORANGE, FL 32127

Title: T
Name: HERSCH, I. WARREN DMD
Address: 823 DUNLAWTON AVE STE E
City-St-Zip: PORT ORANGE, FL 32127

Title: DPST
Name: HERSCH, I . WARREN DMD
Address: 823 DUNLAWTON STE E
City-St-Zip: PORT ORANGE, FL 32127

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: I. WARREN HERSCH, DMD PRES 05/17/2010
Electronic Signature of Signing Officer or Director Date