

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39628

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL D. SELZER, D.D.S., P.A.

**Current Principal Place of Business:**

8177 W. GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

**New Principal Place of Business:**

8177 GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

**Current Mailing Address:**

8177 W. GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

**New Mailing Address:**

8177 GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

**FEI Number:** 59-2736122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARD, COHEN  
54 SW BOCA RATON BLVD  
BOCA RATON, FL 33432 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: PDT  
Name: SELZER, MICHAEL D DR  
Address: 8177 GLADES RD  
City-St-Zip: BOCA RATON, FL 33434 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: MICHAEL SELZER DS PA

PRES

02/06/2012

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

\_\_\_\_\_  
Date