2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L42505

1. Entity Name

SOUTH FLORIDA DENTAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15200 JOG RD #301 DELRAY BCH FL 33446 US	15200 JOG RD #301 DELRAY BCH FL 33446 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0177589 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHECTER, BRETT DMD 15200 JOG RD DELRAY BEACH FL 33446	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	SHECTER, BRETT		NAME		
STREET ADDRESS	15200 JOG RD		STREET ADDRESS	U00000422434	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	02/17/06-80015-013 150.00	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	DEPLAZA, MARCELLE		NAME		
STREET ADDRESS	15200 JOG RD #301		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direc 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 in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brett W. Shecter, DMD BRETT W. SHECTER, DMD - PRESIDENT 2/2/06 561-495-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #