

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82129

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FOUR TOWNS DENTAL SERVICES, P.A.

## Current Principal Place of Business:

2499-D ENTERPRISE RD  
ORANGE CITY, FL 32763 US

## New Principal Place of Business:

## Current Mailing Address:

12515 N. KENDALL DR  
SUITE 406  
MIAMI, FL 33186 US

## New Mailing Address:

13195 SW 134TH STREET  
2ND FLOOR  
MIAMI, FL 33186 US

FEI Number: 65-0202733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOBER, MELVYN S  
12515 N KENDALL DR, #406  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

GOBER, MELVYN S  
13195 SW 134TH STREET  
2ND FLOOR  
MIAMI, FL 33186 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GOBER, MELVYN S  
Address: 12515 N KENDALL DR, #406  
City-St-Zip: MIAMI, FL 33186

Title: DS ( ) Delete  
Name: BERKOWITZ, HARRY  
Address: 500 S. FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GOBER, MELVYN S  
Address: 13195 SW 134TH STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33186

Title: DS (X) Change ( ) Addition  
Name: BERKOWITZ, HARRY  
Address: 13195 SW 134TH STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER

CEO

04/29/2008

Electronic Signature of Signing Officer or Director

Date