

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82129

FILED  
Apr 24, 2012  
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:**

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

**New Mailing Address:**

**FEI Number:** 65-0202733      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BOULEVARD  
SUITE 1225  
CORAL GABLES, FL 33134 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:** DP  
**Name:** GOBER, MELVYN S  
**Address:** 13195 SW 134TH STREET 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33186

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: MELVYN S. GOBER

DP

04/24/2012

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

\_\_\_\_\_  
Date