

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93897

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** ROYAL PALM DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

11358 OKEECHOBEE BLVD  
SUITE 1  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

11358 OKEECHOBEE BLVD  
SUITE 1  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 65-0214386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, DAVID  
11358 OKEECHOBEE BLVD.  
STE. 1  
ROYAL PALM BEACH, FL 33411 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: GOLDBERG, DAVID  
Address: 11670 N BLACKWOODS LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP  
Name: MORAGUEZ, IVO  
Address: 565 NO. COUNTY CLUB DRIVE  
City-St-Zip: ATLANTIS, FL 33462

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: DAVID GOLDBERG

P

02/10/2012

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

\_\_\_\_\_  
Date