

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M13604

Entity Name: 163RD DENTAL, P.A.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16235 NE 11 COURT  
N MIAMI BCH., FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16235 NE 11 COURT  
N MIAMI BCH., FL 33162 US

**New Mailing Address:**

FEI Number: 59-2509088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KANE, STANFORD  
16235 NE 11 COURT  
N MIAMI BCH., FL 33162 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: KANE, STANFORD  
Address: 16235 N.E. 11 CT.  
City-St-Zip: N. MIAMI BEACH, FL

Title: PT  
Name: KANE, FREDERICK  
Address: 16235 NE 11 COURT  
City-St-Zip: N. MIAMI BCH., FL

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: STANFORD KANE

PRE

02/17/2011

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

\_\_\_\_\_  
Date