

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M31265

Entity Name: SHMUEL KISSIN, D.D.S., P.A.

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2150 LAKE IDA RD  
#8  
DELRAY BCH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2150 LAKE IDA RD  
DELRAY BCH, FL 33445

**New Mailing Address:**

FEI Number: 59-2670829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAURER, JANI E  
500 NE SPANISH RIVER BLVD #27  
BOCA RATON, FL 33431 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: PST  
Name: KISSIN, SHMUEL D.D.S.  
Address: 2150 LAKE IDA RD  
City-St-Zip: DELRAY BCH, FL 33445

Title: D  
Name: KISSIN, SHMUEL D.D.S.  
Address: 2150 LAKE IDA RD  
City-St-Zip: DELRAY BCH, FL 33445

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: KISSIN

PST

06/14/2011

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

\_\_\_\_\_  
Date