

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52848

FILED  
Feb 13, 2012  
Secretary of State

Entity Name: M. COWAN & ASSOCIATES, D.D.S., P.A.

**Current Principal Place of Business:**

9050 PINES BLVD.  
SUITE #420  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

9050 PINES BLVD.  
SUITE #420  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 59-2823728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COWAN, MARC A  
17027 PINES BLVD  
PEMBROKE PINES, FL 33027 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: P  
Name: COWAN, MARC A DDS  
Address: 17027 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V  
Name: KAPLAN, FREDERIC I DDS  
Address: 9050 PINES BLVD, #420  
City-St-Zip: PEMBROKE PINES, FL 33024

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: MARC COWAN

P

02/13/2012

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

\_\_\_\_\_  
Date