

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2011
Secretary of State

Entity Name: TOTAL CARE DENTAL, P.A.

Current Principal Place of Business:

4300 N UNIVERSITY DRIVE
A104
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4300 N UNIVERSITY DRIVE
A104
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1047734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARON, ROBERT S
4300 N. UNIVERSITY DRIVE
A104
SUNRISE, FL 33351 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: D
Name: ARON, ROBERT S
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: COHEN, RON
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: SUNRISE, FL 33351

Title: T
Name: RUBIN, JONATHAN
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: SUNRISE, FL 33351

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: ROBERT S. ARON

D

04/04/2011

Electronic Signature of Signing Officer or Director

Date