

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031101

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** NAPLES CENTER FOR COSMETIC DENTISTRY, P.A.

**Current Principal Place of Business:**

4955 CASTELLO DR  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

13195 SW 134 STREET  
2ND FLOOR  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-1090929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOBER, MELVYN S  
13195 SW 134 STREET  
2ND FLOOR  
MIAMI, FL 33186 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** GOBER, MELVYN S  
**Address:** 12515 N KENDALL DR, STE 406  
**City-St-Zip:** MIAMI, FL 33186

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:** MELVYN GOBER

CEO

03/16/2010

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

\_\_\_\_\_  
Date