

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095390

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** DENTAL ASSOCIATES OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

13860 WELLINGTON TRACE  
SUITE 14  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

13860 WELLINGTON TRACE  
SUITE 14  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

13860 WELLINGTON TRACE  
SUITE 14  
WELLINGTON, FL 33414 US

**FEI Number:** 22-3870527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHERKINSKY, JORDAN M  
13860 WELLINGTON TRACE  
SUITE 14  
WELLINGTON, FL 33414 US

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

CHERKINSKY, JORDAN M  
13860 WELLINGTON TRACE  
WELLINGTON, FL 33414 US

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:

03/31/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CHERKINSKY, JORDAN M  
Address: 13860 WELLINGTON TRACE  
City-St-Zip: WELLINGTON, FL 33414 US

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: JORDAN M CHERKINSKY

PRES

03/31/2010

Electronic Signature of Signing Officer or Director

Date