

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000126664

Entity Name: KAUFMAN & STRAUSS, P.A.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11601 KEW GARDENS AVE  
107  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11601 KEW GARDENS AVE  
107  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 16-1646121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAUFMAN, HEATHER  
10229 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410 US

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

KAUFMAN, HEATHER  
728 SANDY POINT LANE  
NORTH PALM BEACH, FL 33410 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: HEATHER KAUFMAN

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAUFMAN, HEATHER DDS  
Address: 11601 KEW GARDENS AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP  
Name: STRAUSS, WILLIAM DDS  
Address: 11601 KEW GARDENS AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: HEATHER KAUFMAN

PRES

04/05/2012

Electronic Signature of Signing Officer or Director

Date