

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037836

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** PLANTATION DENTAL ARTS ASSOCIATES, P.A.

**Current Principal Place of Business:**

300 NW 70TH AVENUE  
SUITE 104  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 70TH AVENUE  
SUITE 104  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 47-0915474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALOMONE, MICHAEL  
7880 WEST OAKLAND PARK BLVD.  
SUITE 300  
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

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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** COLETTI, PETER DDS  
**Address:** 2500 MONTCLAIRE CIRCLE  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** DUARTE, FABIOLA DDS  
**Address:** 2500 MONTCLAIRE CIRCLE  
**City-St-Zip:** WESTON, FL 33327

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:** PETER COLETTI

D

03/23/2010

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

\_\_\_\_\_  
Date