
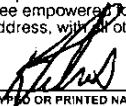


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90077 001 \*\*\*100.00  
05-03-2007 90077 002 \*\*\*\*50.00

DOCUMENT # P03000044941				
1. Entity Name SOUTHEASTERN DENTAL ASSOCIATES I, PA				
Principal Place of Business 200 KNUTH ROAD SUITE 106 BOYNTON BEACH, FL 33436 US		Mailing Address 200 KNUTH ROAD BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite #106</b>		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0071112
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
GRANT, FREDERICK R CPA 601 NORTH CONGRESS AVENUE SUITE #425 DELRAY BEACH, FL 33445			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	
		Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBENSTEIN, KENNETH D	NAME		
STREET ADDRESS	200 KNUTH RD SUITE 106	STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WANG, ALEXANDER I	NAME		
STREET ADDRESS	200 KNUTH RD SUITE 106	STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.				
SIGNATURE: 		Kenneth Rubenstein		561 738907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Date	



04262007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0071112 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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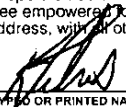
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SIGNATURE:  Kenneth Rubenstein 4/26/07 561 738907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date