

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000044941

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN DENTAL ASSOCIATES I, PA

**Current Principal Place of Business:**

200 KNUTH ROAD  
SUITE 106  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 KNUTH ROAD  
SUITE 106  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

**FEI Number:** 90-0071112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, FREDERICK R CPA  
601 NORTH CONGRESS AVENUE  
SUITE #425  
DELRAY BEACH, FL 33445 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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** RUBINSTEIN, KENNETH D  
**Address:** 200 KNUTH RD SUITE 106  
**City-St-Zip:** BOYNTON BEACH, FL 33436 US

**Title:** DST  
**Name:** WANG, ALEXANDER I  
**Address:** 200 KNUTH RD SUITE 106  
**City-St-Zip:** BOYNTON BEACH, FL 33436 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:** AW

OWNE

04/27/2011

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

\_\_\_\_\_  
Date