

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038447

Entity Name: BROWARD DENTAL ASSOCIATES, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

8333 W. MCNAB ROAD  
#126  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

4503 NW 103RD AVE  
#101  
SUNRISE, FL 33351

## New Mailing Address:

8333 W. MCNAB ROAD  
#126  
TAMARAC, FL 33321 US

FEI Number: 20-0797568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DULAY, RAJ CPA  
4503 NW 103RD AVE  
#101  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

DULAY, RAJ CPA  
8333 W. MCNAB RD  
#126  
TAMARAC, FL 33321 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DULAY, RAJVINDER DMD  
Address: 4503 NW 103RD AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP ( ) Delete  
Name: DULAY, RAJ CPA  
Address: 4503 NW 103RD AVE  
City-St-Zip: SUNRISE, FL 33351 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DULAY, RAJVINDER  
Address: 8333 W. MCNAB RD #126  
City-St-Zip: TAMARAC, FL 33321 US

Title: VP (X) Change ( ) Addition  
Name: DULAY, RAJ  
Address: 8333 W. MCNAB RD #126  
City-St-Zip: TAMARAC, FL 33321 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R DULAY

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date