

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038447

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** BROWARD DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

12330 NW 8 PL  
CORAL SPRINGS, FL 33071 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  
8333 W. MCNAB RD  
#126  
TAMARAC, FL 33321 US

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

DULAY, RAJ  
12330 NW 8 PL  
CORAL SPRINGS, FL 33071 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: R DULAY

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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: R DULAY

RA

04/30/2011

Electronic Signature of Signing Officer or Director

Date