2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052164

Entity Name: DELRAY FAMILY DENTISTRY, PA

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4993 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 10800 AVENIDA DEL RIO 4993 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33445 FEI Number: 26-0082173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDSTEIN, SHARI 5505 N. MILITARY TRAIL BOCA RATON, FL 33496 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GOLDSTEIN, SHARI Name: Name: 4993 WEST ATLANTIC AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: STEIN ILYA Name: STEIN, ILYA DMD 4993 WEST ATLANTIC AVENUE Address: 4993 WEST ATLANTIC AVENUE Address: DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 City-St-Zip: City-St-Zip:

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: SHARI GOLDSTEIN P 01/16/2009