

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060544

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** GARINE PROSTHODONTICS, P.A.

**Current Principal Place of Business:**

345 JUPITER LAKES BLVD  
SUITE 304  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

345 JUPITER LAKES BLVD  
SUITE 304  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 14-1906243      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THE LAW OFFICE OF PAUL J. BURKHART  
800 VILLAGE CROSSING  
SUITE 108  
PALM BEACH GARDENS, FL 33410 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARINE, WAEL N  
Address: 345 JUPITER LAKES BLVD, SUITE 304  
City-St-Zip: JUPITER, FL 33458

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: WAEL GARINE

P

01/08/2010

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

\_\_\_\_\_ Date