


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90039 047 \*\*\*150.00

**DOCUMENT # P04000093705**

1. Entity Name  
**BRADLEY H. REINER, D.M.D., P.A.**



Principal Place of Business  
**120 43RD AVE 1800 43rd Ave.**  
**VERO BEACH, FL 32968**

Mailing Address  
**120 43RD AVE 1800 43rd Ave.**  
**VERO BEACH, FL 32968**

2. Principal Place of Business - No P.O. Box #  
**1800 43rd Ave.**

3. Mailing Address  
**1800 43rd Ave.**

Suite, Apt. #, etc.

City & State  
**Vero Beach, FL.**

City & State  
**Vero Beach, FL.**

Zip Country  
**32960 Indian River**

Zip Country  
**32960 Indian River.**



01172008 Chg-P CR2E034 (12/06)

4. FEI Number  
**27-0094857**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRENDERGAST, RICHARD L.**  
**120 43RD AVE**  
**VERO BEACH, FL 32968**

7. Name and Address of New Registered Agent

Name  
**Bradley H. Reiner**


Street Address (P.O. Box Number is Not Acceptable)  
**1052 1800 43rd Ave.**

City  
**Vero Beach**

State  
**FL**

Zip Code  
**32960**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Bradley H. Reiner** DATE **4/14/08**

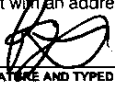
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REINER, BRADLEY H</b> <b>120 43RD AVE 1800 43rd Ave.</b> <b>VERO BEACH, FL 32968</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bradley H Reiner** DATE **4/14/08** Daytime Phone # **772 564 0724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR