

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000166361

**FILED**  
**Jul 06, 2010**  
**Secretary of State**

**Entity Name:** STANLEY COHEN, DDS, PA

**Current Principal Place of Business:**

8855 HYPOLUXO ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

206 VIA QUANTERA  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

8855 HYPOLUXO ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

206 VIA QUANTERA  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 22-2146652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, STANLEY  
8855 HYPOLUXO ROAD  
LAKE WORTH, FL 33467 US

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

COHEN, STANLEY  
206 VIA QUANTERA  
PALM BEACH GARDENS, FL 33418 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: STANLEY COHEN DDS

07/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, STANLEY DDS  
Address: 206 VIA QUANTERA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: STANLEY COHEN

PRES

07/06/2010

Electronic Signature of Signing Officer or Director

Date