

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051395

FILED  
Feb 07, 2010  
Secretary of State

**Entity Name:** BROWARD MALL DENTAL, P.A.

**Current Principal Place of Business:**

8000 WEST BROWARD BLVD.  
SUITE 834  
PLANTATION, FL 33388

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROSTISLAV KRASNOV, DDS  
230 W 56TH STREET, APT 52F  
NEW YORK, NY 10019

**New Mailing Address:**

**FEI Number:** 20-2915960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRASNOV, ROSTISLAV  
C/O BROWARD MALL DENTAL PA  
8000 WEST BROWARD BLVD STE 834  
FORT LAUDERDALE, FL 33388 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:** PD  
**Name:** KRASNOV, ROSTISLAV DDS  
**Address:** 230 W 56TH STREET, APT 52F  
**City-St-Zip:** NEW YORK, NY 10019

**Title:** DVST  
**Name:** VALDMAN, VADIM DDS  
**Address:** 1830 SOUTH OCEAN DRIVE, APT 2411  
**City-St-Zip:** HALLANDALE, FL 33009

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:** ROSTISLAV KRASNOV

PRES

02/07/2010

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

\_\_\_\_\_  
Date