2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031984

Entity Name: MAIN STREET ORTHODONTICS OF MIAMI LAKES, P.A.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
15600 NW 67TH AVENU SUITE 110 MIAMI LAKES, FL 3301				
Current Mailing Address:		New Mailing Address:		
13195 SW 134TH STRE 2ND FLOOR MIAMI, FL 33186	ET			
FEI Number: 20-4447481	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
GOBER, MELVYN S D.I 13195 SW 134TH STRE 2ND FLOOR MIAMI, FL 33186 US				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: MGRM (Name: GOBER, MELV) Delete /YN S DDS	Title: Name:	() Change () Addition	

13195 SW 134TH STREET 2ND FLOOR Address: Address:

City-St-Zip: MIAMI, FL 33186 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: MELVYN S GOBER, DDS **MGRM** 03/20/2009