2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047312

Entity Name: DENTAL ASSOCIATES OF SOUTH BROWARD, P.A.

FILED Apr 26, 2007 Secretary of State

Current Principal Place	New Princ	New Principal Place of Business:				
9900 STIRLING RD., STE COOPER CITY, FL 33024						
Current Mailing Address	New Maili	New Mailing Address:				
12515 N. KENDALL DR., STE. 412 MIAMI, FL 33186			12515 N. KENDALL DR., STE. 406 MIAMI, FL 33186			
FEI Number: 20-4623329	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:			
GOBER, MELVYN S. DDS 12515 N. KENDALL DR., S MIAMI, FL 33186 US	12515 N. K	GOBER, MELVYN S. DDS 12515 N. KENDALL DR., STE. 406 MIAMI, FL 33186 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:			04/26/2007			
Electronic	c Signature of Registered Ager	nt		Date		
Election Campaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	D ()C GOBER, MELVYI 12515 NO KENDA MIAMI, FL 33186	ALL DR STE 406		

I hereby certify that the information supplied with this filing does not qualify for the 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 D 04/26/2007