2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047312

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

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9900 STIRLING RD., STE. 100 COOPER CITY, FL 33024

Current Mailing Address: New Mailing Address:

12515 N. KENDALL DR., STE. 406 13195 SW 134TH STREET MIAMI, FL 33186 2ND FLOOR

MIAMI, FL 33186

FEI Number: 20-4623329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOBER, MELVYN S. DDS
12515 N. KENDALL DR., STE. 406
MIAMI, FL 33186 US
GOBER, MELVYN S. DDS
13195 SW 134TH STREET
2ND FLOOR

IAMI, FL 33186 US 2ND FLOOR 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: 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: GOBER, MELVYN S DDS Name: GOBER, MELVYN S DDS

Address: 12515 NO KENDALL DR STE 406 Address: 13195 SW 134TH STREET 2ND FLOOR

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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 CEO 04/29/2008