

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047410

FILED
Apr 29, 2008
Secretary of State

Entity Name: MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS OF SOUTH BROWARD, P.A.

Current Principal Place of Business:

9900 STIRLING ROAD
SUITE 100
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

12515 NO KENDALL DR
STE 406
MIAMI, FL 33186

New Mailing Address:

13195 SW 134TH STREET
SECOND FLOOR
MIAMI, FL 33186

FEI Number: 20-4623166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER, MELVYN S
12515 NORTH KENDALL DRIVE
SUITE 406
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GOBER, MELVYN S
13195 SW 134TH STREET
SECOND 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:

Title: CEO () Delete
Name: MELVYN S GOBER,
Address: 12515 NO KENDALL DR STE 406
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MELVYN S GOBER,
Address: 13195 SW 134TH STREET
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

Electronic Signature of Signing Officer or Director

Date