

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000050978

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA DENTAL & DENTURE CENTER IV, INC.

**Current Principal Place of Business:**

1622 N. FEDERAL HWY.  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1901 SOUTH FEDERAL HWY.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 83-0452797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEMEAH, YVES  
1901 S. FEDERAL HWY.  
BOYNTON BEACH, FL 33435 US

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

SEMEAH, YVES D.D.S.  
1901 S. FEDERAL HWY.  
BOYNTON BEACH, FL 33435 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: YVES SEMEAH

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEMEATH, YVES D.D.S.  
Address: 1901 SOUTH FEDERAL HWY.  
City-St-Zip: BOYNTON BCH, FL 33435

Title: TS  
Name: ZUFI, JUDITH  
Address: 1901 SOUTH FEDERAL HWY.  
City-St-Zip: BOYNTON BCH, FL 33435

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: JUDITH ZUFI

T/S.

01/05/2011

Electronic Signature of Signing Officer or Director

Date