

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087154

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** DEBORAH S. LUBELL, D.M.D., P.A.

**Current Principal Place of Business:**

685 ROYAL PALM BCH BLVD.  
STE 201  
ROYAL PALM BCH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

685 ROYAL PALM BCH BLVD.  
STE 201  
ROYAL PALM BCH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 20-5145918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUBELL, DEBORAH S DMD  
685 ROYAL PALM BCH BLVD.  
STE 201  
ROYAL PALM BCH, FL 33411 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** LUBELL, DEBORAH S DMD  
**Address:** 685 ROYAL PALM BCH BLVD. STE 201  
**City-St-Zip:** ROYAL PALM BCH, FL 33411

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:** DEBORAH S LUBELL

DR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date