

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087484

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** JUSTIN SCHWARTZ, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

14155 US HWY ONE  
SUITE 302  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

14155 US HWY ONE  
SUITE 302  
JUNO BEACH, FL 33408

**New Mailing Address:**

2500 HOLLYWOOD BLVD  
406  
HOLLYWOOD, FL 33020

**FEI Number:** 20-5334672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST JOHN, GREGORY  
700 S FEDERAL HWY - STE 200  
BOCA RATON, FL 33432 US

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

KALMOWICZ, JACOB  
2500 HOLLYWOOD BLVD  
406  
HOLLYWOOD, FL 33020 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:** JACOB KALMOWICZ

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SCHWARTZ, JUSTIN  
**Address:** 14155 US HWY ONE SUTIE 302  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

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:** JUSTIN SCHWARTZ

PRES

06/12/2012

Electronic Signature of Signing Officer or Director

Date