

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000099414

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CHANDY SAMUEL, DDS, PA

**Current Principal Place of Business:**

1601 NORTH FLAMINGO ROAD  
SUITE 3  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 NORTH FLAMINGO ROAD  
SUITE 3  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 20-5309414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMUEL, CHANDY  
1601 NORTH FLAMINGO ROAD  
SUITE 3  
PEMBROKE PINES, FL 33028 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: P  
Name: SAMUEL, CHANDY  
Address: 1601 NORTH FLAMINGO ROAD, SUITE 3  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: CHANDY SAMUEL

DR

03/16/2011

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

\_\_\_\_\_  
Date