

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048894

FILED
Jan 26, 2009
Secretary of State

Entity Name: GREG GOLDFADEN D.M.D., P.A.

Current Principal Place of Business:

1819 S.E. 17TH STREET
SUITE 1112
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

19495 BISCAYNE BLVD
SUITE 404
AVENTURA, FL 33180

Current Mailing Address:

1819 S.E. 17TH STREET
SUITE 1112
FT. LAUDERDALE, FL 33316

New Mailing Address:

19495 BISCAYNE BLVD
SUITE 404
AVENTURA, FL 33180

FEI Number: 26-0160309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GOLDFADEN D.M.D., GREG
Address: 1819 S.E. 17TH STREET, SUITE 1112
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GOLDFADEN D.M.D., GREG
Address: 19495 BISCAYNE BLVD SUITE 404
City-St-Zip: AVENTURA, FL 33180

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: GREG R GOLDFADEN

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date