

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024127

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** FIRST CARE DENTAL OF PALM BEACH, P.A.

**Current Principal Place of Business:**

4911 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

11076 SUNSET RIDGE CIRC  
BOYNTON BEACH, FL 33473

**New Mailing Address:**

**FEI Number:** 80-0158125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEMINH, TRI  
11076 SUNSET RIDGE CIRCLE  
BOYNTON BEACH, FL 33473 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: LEMINH, LOAN DDS  
Address: 11076 SUNSET RIDGE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: DIR  
Name: LEMINH, LOAN DDS  
Address: 11076 SUNSET RIDGE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33473

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: LOAN LEMINH

PRES

01/06/2012

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

\_\_\_\_\_  
Date