

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040337

FILED  
Jun 11, 2009  
Secretary of State

Entity Name: HALLANDALE BEACH DENTAL, P.A.

## Current Principal Place of Business:

1440 EAST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## New Principal Place of Business:

## Current Mailing Address:

1440 EAST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KODSI LAW FIRM, P.A.  
701 WEST CYPRESS CREEK RD.  
THIRD FLOOR  
FT. LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

ARWAS, SIMON P  
1440 EAST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33309 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: ARWAS SIMON

06/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARWAS, RAPHAEL  
Address: 1440 EAST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009 FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARWAS, SIMONE  
Address: 1440 EAST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009 FL

Title: VP ( ) Change (X) Addition  
Name: ARWAS, RAPHAEL  
Address: 1440 EAST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33309 FL

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: ARWAS SIMON

P

06/11/2009

Electronic Signature of Signing Officer or Director

Date