

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000075918

Entity Name: PERFECT DENTAL, INC.

**FILED**  
**Aug 05, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1225 N MILITARY TRAIL  
SUITE 6  
W PALM BEACH, FL 33409 US

## **Current Mailing Address:**

16484 NE 27 AVE  
N MIAMI BEACH, FL 33160 US

## **New Principal Place of Business:**

1217 SOUTH MILITARY TRAIL  
SUITE C  
W PALM BEACH, FL 33415 US

## **New Mailing Address:**

1217 SOUTH MILITARY TRAIL  
SUITE C  
W PALM BEACH, FL 33415 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

JIMENEZ, RALPH  
1225 N MILITARY TRAIL  
SUITE 6  
W PALM BEACH, FL 33409 US

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

ASKOWITZ, RONALD  
16484 NE 27 AVE  
N MIAMI BEACH, FL 33160 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: RONALD ASKOWITZ

08/05/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ASKOWITZ, RONALD L  
Address: 16484 NE 27 AVE  
City-St-Zip: N MIAMI BEACH, FL 33160 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: RONALD ASKOWITZ

P

08/05/2010

Electronic Signature of Signing Officer or Director

Date