

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057502

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** ADVANCED PROSTHODONTICS OF BOCA RATON, P.A.

**Current Principal Place of Business:**

7000 W. CAMINO REAL  
130  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

7000 W. CAMINO REAL  
130  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 27-0486704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GHALLOUB, MELAD  
7000 W. CAMINO REAL  
130  
BOCA RATON, FL 33433 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: GHALLOUB, MELAD  
Address: 7000 W. CAMINO REAL SUITE 130  
City-St-Zip: BOCA RATON, FL 33433

Title: VP  
Name: GHALLOUB, ROSINE  
Address: 7000 W. CAMINO REAL SUITE 130  
City-St-Zip: BOCA RATON, FL 33433

Title: VP  
Name: GHALLOUB, RAHIL  
Address: 7000 W. CAMINO REAL SUITE 130  
City-St-Zip: BOCA RATON, FL 33166

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: MELAD GHALLOUB

P

02/01/2011

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

\_\_\_\_\_  
Date