2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058063

Entity Name: BOCA RATON PROSTHODONTICS, PA

FILED Feb 12, 2010 Secretary of State

02/12/2010

Current Principal Place of Business: New Principal Place of Business:

7301A W PALMETTO PARK RD, SUITE 201C 7301A W PALMETTO PARK RD. BOCA RATON, FL 33433

SUITE 201C

BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

7301A W PALMETTO PARK RD, SUITE 201C 7301A W PALMETTO PARK RD.

SUITE 201C BOCA RATON, FL 33433

BOCA RATON, FL 33433

FEI Number: 27-0576964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AARON E. SHEINFELD, DDS, DMD AARON E. SHEINFELD, DDS, DMD 7301A W PALMETTO PARK RD, 7301A W PALMETTO PARK RD, SUITE 201C

BOCA RATON, FL 33433 SUITE 201C BOCA RATON, FL 33433 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: AARON SHEINFELD

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

SHEINFELD, AARON E DDS,DMD Name:

7301A W PALMETTO PARK RD, SUITE 201C Address:

City-St-Zip: BOCA RATON, FL 33433

Title:

SHEINFELD, DDS, DMD, AARON E Name:

7301A W PALMETTO PARK RD, SUITE 201C Address:

BOCA RATON, FL 33433 City-St-Zip:

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: AARON SHEINFELD DPVP 02/12/2010