2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P10000010136

Entity Name: STEIN DENTAL CARE PA

Current Principal Place of Business:

4476 NW 65 STREET
COCONUT CREEK, FL 33073

New Principal Place of Business:

4476 NW 65 STREET
COCONUT CREEK, FL 33073 US

Current Mailing Address:

4476 NW 65 STREET
COCONUT CREEK, FL 33073

New Mailing Address:

4476 NW 65 STREET
COCONUT CREEK, FL 33073 US

FEI Number: 24-1852191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, BRUCE
4476 NW 65 STREET
COCONUT CREEK, FL 33073 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: PRES
Name: STEIN, BRUCE
Address: 4476 NW 65 ST
City-St-Zip: COCONUT CREEK, FL 33073

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: BRUCE STEIN PRES 04/30/2011

Electronic Signature of Signing Officer or Director Date