

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000027151

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** TOWNCARE DENTAL OF JUPITER PA

**Current Principal Place of Business:**

5440 MILITARY TRAIL  
SUITE 11  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

5440 MILITARY TRAIL  
SUITE 11  
JUPITER, FL 33458 US

**New Mailing Address:**

**FEI Number:** 27-2276904      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON  
SUITE 1225  
CORAL GABLES, FL 33134 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, D  
Name: GOBER, MELVYN S  
Address: 5440 MILITARY TRAIL, SUITE 11  
City-St-Zip: JUPITER, FL 33458 US

Title: S, T  
Name: GOBER, MELVYN S  
Address: 5440 MILITARY TRAIL, SUITE 11  
City-St-Zip: JUPITER, FL 33458 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: MELVYN S. GOBER

P, D

04/25/2012

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

\_\_\_\_\_ Date