

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001573

FILED
Mar 22, 2009
Secretary of State

Entity Name: WEST BOCA DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

22053 SR 7
BOCA RATON, FL 33428

New Principal Place of Business:

22053 STATE ROAD 7
BOCA RATON, FL 33428

Current Mailing Address:

22053 SR 7
BOCA RATON, FL 33428

New Mailing Address:

22053 STATE ROAD 7
BOCA RATON, FL 33428

FEI Number: 65-0481999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSERMAN, ALAN G
C/O GUY SHIR, KAHAN, SHIR & ASSOC
22053 STATE RD 7
BOCA RATON, FL 33428 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WASSERMAN, ALAN G
Address: 22053 STATE RD 7
City-St-Zip: BOCA RATON, FL 33428

Title: VSD () Delete
Name: WASSERMAN, JACQUELINE F
Address: 22053 STATE RD 7
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN G. WASSERMAN

PTD

03/22/2009

Electronic Signature of Signing Officer or Director

Date