

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000076054

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** SILVER LAKES DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

17792 SW 2ND STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17792 SW 2ND ST  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 65-0614225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEFELD, SHELDON  
20801 BISCAYNE AVENUE  
SUITE 501  
AVENTURA, FL 33180 US

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

FRIEFELD, SHELDON  
7533 HAWKS LANDING DRIVE  
WEST PALM BEACH, FL 33412 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:**

04/24/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: FRIEFELD, KEITH M  
Address: 9267 NW 62ND CT  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** KEITH FRIEFELD

DR.

04/24/2007

Electronic Signature of Signing Officer or Director

Date