

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028738

FILED
Jan 09, 2009
Secretary of State

Entity Name: SOUTH PALM BEACH COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

801 SE 6TH AVE
SUITE 206
DELRAY BEACH, FL 334835185 US

New Principal Place of Business:

Current Mailing Address:

777 EAST ATLANTIC AVENUE
SUITE C-2 PMB 340
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0537522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIGNATO, JAMES
101 SE 6TH AVE
SUITE A
DELRAY BEACH, FL 33483 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: D () Delete
Name: BEGNOCHE, KENNETH DR
Address: 777 E ATLANTIC AVE SUITE C2
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: ECKELSON, ROBERT
Address: 801 SE 6TH AVE, STE 206
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: ALEXANDER, JAMIE DR
Address: 5455 NORTH FEDERAL HWY SUITE D
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: PANSICK, ETHAN DR
Address: 801 SE 6TH AVE, STE 206
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: KATZ, BARRY
Address: 801 SE 6TH AVE, STE 206
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ETHAN PANSICK

DR.

01/09/2009

Electronic Signature of Signing Officer or Director

Date