

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028738

FILED  
Jan 15, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PANSICK, ETHAN DR  
Address: 777 E ATLANTIC AVE SUITE C2 PMB340  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: ECKELSON, ROBERT  
Address: 777 E ATLANTIC AVE SUITE C2 PMB340  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: ALEXANDER, JAMIE DR  
Address: 777 E ATLANTIC AVE SUITE C2 PMB 340  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: KATZ, BARRY DR  
Address: 777 E ATLANTIC AVE SUITE C2 PMB 340  
City-St-Zip: DELRAY BEACH, FL 33483

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: ETHAN A. PANSICK

D

01/15/2012

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

\_\_\_\_\_  
Date