

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069075

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DAVIDOFF DENTAL SEMINARS, INC.

## Current Principal Place of Business:

16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445

## New Mailing Address:

FEI Number: 65-0788963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDOFF, S R  
16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

DAVIDOFF, STANLEY R  
16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445 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: ROBERT DAVIDOFF

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIDOFF, ROBERT S  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: DAVIDOFF, STANLEY R  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DR ( ) Change (X) Addition  
Name: DAVIDOFF, STANLEY R  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DR ( ) Change (X) Addition  
Name: DAVIDOFF, STANLEY R  
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City-St-Zip: DELRAY BEACH, FL 33445

Title: DR ( ) Change (X) Addition  
Name: DAVIDOFF, STANLEY R  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DR ( ) Change (X) Addition  
Name: DAVIDOFF, STANLEY R  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

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: ROBERT DAVIDOFF

DR

04/20/2009

Electronic Signature of Signing Officer or Director

Date