

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000103579

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** DENTISTRY FOR CHILDREN AT WESTON, P.A.

**Current Principal Place of Business:**

1608 TOWN CENTER BLVD  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1608 TOWN CENTER BLVD  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0799855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUANE, YEDDA  
1608 TOWN CENTER BLVD  
WESTON, FL 33326 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:** DMD  
**Name:** GOMES-RUANE, YEDDA M.  
**Address:** 1608 TOWN CENTER BLVD  
**City-St-Zip:** WESTON, FL 33326

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:** YEDDA GOMEZ-RUANE

DMD

04/27/2010

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

\_\_\_\_\_  
Date