

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035333

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** DEERFIELD CENTER FOR DENTAL SPECIALTIES, P.A.

**Current Principal Place of Business:**

1800 WEST HILLSBORO BLVD  
STE 211  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1800 WEST HILLSBORO BLVD  
STE 211  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 65-0913652      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FISCHLER, MICHAEL A ESQ  
FISCHLER & FRIEDMAN, P.A.  
1000 SOUTH ANDREWS AVE  
FORT LAUDERDALE, FL 33316 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:** DPTS  
**Name:** GOBER, FRANK L DDS  
**Address:** 1800 WEST HILLSBORO BLVD  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

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: FRANK GOBER DDS

DPTS

02/20/2012

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

\_\_\_\_\_ Date