

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064360

FILED
Jan 05, 2011
Secretary of State

Entity Name: SHAPIRO FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

2247 PALM BEACH LAKES BLVD.
SUITE 104
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2247 PALM BEACH LAKES BLVD.
SUITE 104
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0949510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, SETH
8095 LAUREL RIDGE COURT
DELRAY BEACH, FL 33446 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: P
Name: SHAPIRO, DARI
Address: 8095 LAUREL RIDGE COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: S
Name: SHAPIRO, SETH
Address: 8095 LAUREL RIDGE COURT
City-St-Zip: DELRAY BEACH, FL 33446

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: SETH SHAPIRO

S

01/05/2011

Electronic Signature of Signing Officer or Director

Date