## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067319

Entity Name: CHILDREN'S DENTAL CENTER OF KENDALL, P.A.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7887 NO KENDALL DRIVE STE 200 MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

12515 KENDALL DR, SUITE 406 13195 SW 134 STREET MIAMI, FL 33186 2ND FLOOR MIAMI, FL 33186

FEI Number: 65-0937431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOBER, MELVYN S
12515 W KENDALL DR.
SUITE 406
MIAMI, FL 33186 US
GOBER, MELVYN S
13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: CEO (X) Change ( ) Addition

Name: GOBER, MELVYN S Name: GOBER, MELVYN S

Address: 3072 OLD STILL LANE Address: 13195 SW 134 STREET 2ND FLOOR

City-St-Zip: FT LAUDERDALE, FL 33331 City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER CEO 04/30/2008