

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057202

FILED  
May 05, 2009  
Secretary of State

Entity Name: PALM BEACH MALL DENTAL, INC.

## Current Principal Place of Business:

146 W. 57TH STREET, APT. 41A  
NEW YORK, NY 10019 US

## New Principal Place of Business:

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

## Current Mailing Address:

146 W. 57TH STREET, APT. 41A  
NEW YORK, NY 10019 US

## New Mailing Address:

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

FEI Number: 58-2572650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIKHAILOV, ALEXANDER M  
2122 FISHER ISLAND DR  
MIAMI BEACH, FL 33109 US

## Name and Address of New Registered Agent:

MIKHAILOV, ALEXANDER M  
7634 FISHER ISLAND DR  
FISHER ISLAND, FL 33109 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: ALEX MIKHAILOV

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MIKHAILOV, ALEXANDER DDS  
Address: 146 W. 57TH STREET, APT. 66B  
City-St-Zip: NEW YORK, NY 10019 US

Title: DV ( ) Delete  
Name: KRACNOV, ROSTISLAV DDS  
Address: 230 W. 56TH STREET, APT. 52F  
City-St-Zip: NEW YORK, NY 10019 US

Title: DST ( ) Delete  
Name: VALDMAN, VADIM DDS  
Address: 1830 S. OCEAN DRIVE, APT 2411  
City-St-Zip: HALLANDALE, FL 33009 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MIKHAILOV, ALEXANDER  
Address: 7634 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: VP (X) Change ( ) Addition  
Name: KRASNOV, ROSTISLAV DDS  
Address: 230 W. 56TH STREET, APT. 52F  
City-St-Zip: NEW YORK, NY 10019 US

Title: SECT (X) Change ( ) Addition  
Name: VALDMAN, VADIM DDS  
Address: 1830 S. OCEAN DRIVE, APT 2411  
City-St-Zip: HALLANDALE, FL 33009 US

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: ALEX MIKHAILOV

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date