

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057202

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: PALM BEACH MALL DENTAL, INC.

**Current Principal Place of Business:**

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**New Principal Place of Business:**

**Current Mailing Address:**

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**New Mailing Address:**

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  
7634 FISHER ISLAND DR  
FISHER ISLAND, FL 33109 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: PRES  
Name: MIKHAILOV, ALEXANDER  
Address: 7634 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

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

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

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: ALEX MIKHAILOV

PRES

02/09/2012

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

\_\_\_\_\_ Date