

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L42505

**Entity Name:** SOUTH FLORIDA DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

15200 JOG RD  
#301  
DELRAY BCH, FL 33446

**Current Mailing Address:**

15200 JOG RD  
#301  
DELRAY BCH, FL 33446 US

**FEI Number:** 65-0177589

**Certificate of Status Desired:** No

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

SHECTER, BRETT DMD  
15200 JOG RD  
DELRAY BEACH, FL 33446 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            SHECTER, BRETT  
Address        15200 JOG RD  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            DEPLAZA, MARCELLE  
Address        15200 JOG RD #301  
City-State-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:** BRETT W. SHECTER, DMD.

**PRESIDENT**

**02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date