

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000057202

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC6949293746**

**Entity Name:** PALM BEACH MALL DENTAL, INC.

**Current Principal Place of Business:**

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

7634 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**FEI Number:** 58-2572650

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            MIKHAILOV, ALEXANDER  
Address        7634 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

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

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

*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:** ALEXANDER MIKHAILOV

**PRES**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date