

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000071732

**Entity Name:** STEVEN POLASKY, DDS, P.A.

**Current Principal Place of Business:**

2655 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306

**Current Mailing Address:**

7797 GOLF CIRCLE DRIVE  
SUITE # J 312  
MARGATE, FL 33063

**FEI Number:** 65-1118785

**Certificate of Status Desired:** No

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

STEVEN, POLASKY  
7797 GOLF CIRCLE DRIVE  
SUITE #J 312  
MARGATE, FL 33063 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 PSTD  
Name POLASKY, STEVEN  
Address 7797 GOLF CIRCLE DRIVE # J312  
City-State-Zip: MARGATE FL 33063

*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:** STEVEN POLASKY, DDS

**PRESIDENT**

**02/13/2014**

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

\_\_\_\_\_  
Date