FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # P00000086822 1. Entity Name MARATHON DENTAL CLINIC, INC. DO NOT WRITE IN THIS SPACE					Secretary of State 05-07-2002 90244 012 ***150.00
2. Principal 11399	Place of Business OVERSEAS HWY (US1	3. Mailing Address 11399 Overs	eas	Highway	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			g1	DO NOT WRITE IN THIS SPACE
City & Sta	City & State N, FL MARATHON, FI		·······		4. FEI Number Applied For 651043521 Not Applicable
Zip - 2.2.0 F.0	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional
33.0.5.0		i 33 050° -	- -		Fee Required Name and Address of Current Registered Agent
	DO NOT W	n i e		Name), JUAN CARLOS
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) 13616 SW 114 Lane		
	IN THIS SP	ACE		TOOTO DI	TIT Daile
				City MIAMI	FL 313186
8. The above	named entity submits this statement for	the purpose of changing its r	ecistere		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when					10. Election Campaign Financing \$5.00 May Be
11. TITLE	OFFICERS AND D	DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	VD BUITRAGO, JUAN C. 13616 SW 114 Lane Miami, Florida 33		TITLE NAME STREE CITY	T ADORESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		TITLE NAME STREE CITY	FADORESS ST. ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· •		TITLE NAME STREET	Address 17 - Zip	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS.	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME	ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME	ADORESS	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C. Buitrago

Daytime Phone