2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P03000037779

Entity Name: TRINITY DENTAL CARE, INC.

Current Principal Place of Business:

1843 HEALTH CARE DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1843 HEALTH CARE DR
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 06-1702129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAWA, SCOTT
3000 GULF TO BAY BLVD
SUITE 219
CLEARWATER, FL 33759 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: D
Name: ESKANDARI, AZITA N
Address: 1843 HEALTH CARE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: SHAYES, SAIED
Address: 1843 HEALTH CARE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: SAIED SHAYES OFFI 01/12/2011

Electronic Signature of Signing Officer or Director — Date