2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084788

FILED Jul 10, 2008 Secretary of State

Entity Name: CENTER FOR ADVANCED RESTORATIVE DENTISTRY & DENTAL ANESTHESIOLOGY, P.A.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
300 N.W. 70TH AVEN SUITE 104 PLANTATION, FL 33:				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
300 N.W. 70TH AVEN SUITE 104 PLANTATION, FL 33:				
FEI Number: 59-2594318	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	317 US	purpose of changing its registere	d office or registered agent, or both,	
in the State of Florida.				
SIGNATURE:		1		
In accordance with s. 607	ronic Signature of Registered Ag .193(2)(b), F.S., the corporation did n cing Trust Fund Contribution (). ECTORS:	oot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
	()Delete ETER DTH AVENUE, SUITE 104 N, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition	
	() Delete ABIOLA DTH AVENUE, SUITE 104 N, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER COLETTI DDS PRES 07/10/2008