

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033661

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: KENDALL DENTAL CARE,INC.

**Current Principal Place of Business:**

12350 SW 127 AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12350 SW 127 AVE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-8660953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARO, EMILIO E  
8415 SW 107 AVE STE 371W  
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: CLARO, RITA M DDS  
Address: 10321 SW 125 ST  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: ACOSTA, HECTOR M  
Address: 12350 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: CLARO, EMILIO E  
Address: 8415 SW 107 AVE STE 371W  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EMILIO E. CLARO

VP

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date