

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019093

FILED
Mar 06, 2007
Secretary of State

Entity Name: AESTHETIC & FAMILY DENTAL CARE, INC.

Current Principal Place of Business:

10140 W FOREST HILL BLVD STE 140
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

10140 W FOREST HILL BLVD STE 140
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0571265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADATI, ABOULGHASEM S
6929 NE 8TH DR
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SADATI, ABOULGHASEM S SAM
6929 NE 8TH DR
BOCA RATON, FL 33487 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: ABOULGHASEM S SADATI

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADATI, ABOULGHASEM
Address: 6929 NE 8TH DR
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SADATI, ABOULGHASEM S SAM
Address: 6929 NE 8TH DR
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: ABOULGHASEM S SADATI

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date