

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000385

FILED
Mar 26, 2007
Secretary of State

Entity Name: ACTIVE CARE ENDODONTICS, P.A.

Current Principal Place of Business:

1447 OAKFIELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

1745 SOUTH KINGS AVE.
BRANDON, FL 33511

Current Mailing Address:

1447 OAKFIELD DRIVE
BRANDON, FL 33511

New Mailing Address:

1745 SOUTH KINGS AVE.
BRANDON, FL 33511

FEI Number: 59-3421129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH WARD ESQ
401 E. JACKSON ST.
SUITE 1700
TAMPA, FL 33602 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: DR () Delete
Name: GIRALDO, J. MAURICIO
Address: 1447 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GIRALDO, J. MAURICIO
Address: 1745 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 33511

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: J. MAURICIO GIRALDO D.M.D

DR.

03/26/2007

Electronic Signature of Signing Officer or Director

Date