


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90053 025 \*\*\*150.00

**DOCUMENT # S59831**  
 1. Entity Name  
**DENTAL AMERICAN CLINIC CORP.**



Principal Place of Business  
**1246 W 68TH ST  
 HIALEAH, FL. 33014**

Mailing Address  
**10271 Pines Blvd  
 Pembroke Pines, FL 33026**

**40068202**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03222008 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0289312**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GONZALEZ, MANUEL**  
**10271 Pines Blvd**  
**Pembroke Pines, FL 33026**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME             | STREET ADDRESS   | CITY - ST - ZIP          | <input type="checkbox"/> Delete |
|-------|------------------|------------------|--------------------------|---------------------------------|
| PTSD  | GONZALEZ, LILIAN | 10271 PINES BLVD | PEMBROKE PINES, FL 33026 | <input type="checkbox"/>        |
|       |                  |                  |                          | <input type="checkbox"/>        |
|       |                  |                  |                          | <input type="checkbox"/>        |
|       |                  |                  |                          | <input type="checkbox"/>        |
|       |                  |                  |                          | <input type="checkbox"/>        |
|       |                  |                  |                          | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Gonzalez* **0223** **954-449-0400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #