2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30019

Apr 17, 2008 Secretary of State

Entity Name: WEST DADE DENTAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O CARLOS B. PARGAS, CPA 7700 N KENDALL DR SUITE 515 MIAMI, FL 33156 US

Current Mailing Address: New Mailing Address:

C/O CARLOS B. PARGAS, CPA 7700 N KENDALL DR SUITE 515 MIAMI, FL 33156 US

FEI Number: 65-0100640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARROS, JOSE FRANCISCO 7800 SW 87 AVE SUITE B-240 MIAMI, FL 33173 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:

Flacture is Company of Danistand Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: PED (X) Change () Addition Name: TOLEDO, GILBERT Name: FONSECA, PABLO J

 Address:
 7765 S.W. 87 AVE. SUITE 109
 Address:
 4560 SW 7 ST

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33126 US

Title: PED () Delete Title: (X) Change () Addition HALL, JEANNETTE PENA Name: DOMINGUEZ, ORLANDO DDS Name: Address: 5990 SW 40 ST. Address: 9280 SW 150 AVE STE 104 City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33196 US

Title: () Delete Title: (X) Change () Addition HERNANDEZ, FRANCISCO ORDONEZ, ALVARO DDS Name: Name: 801 N.W 37 AVE STE 203 1550 SOUTH DIXIE HWY STE 203 Address: Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: CORAL GABLES, FL 33146 US

Title: SD () Delete Title: SD (X) Change () Addition Name: BARROS, JOSE FRANCISCO Name: BARROS, JOSE FRANCISCO DDS 7800 SW 87 AVE SUITE B240 7800 SW 87 AVE SUITE B240 Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

ку-зе-др. Мілмі, г. 331/3 Ску-зе-др. Мілмі, г. 331/3 ОЗ

Title:P() DeleteTitle:PD(X) Change () AdditionName:ORDONEZ, ALVAROName:PENA-HALL, JANNETTE DDSAddress:1550 SOUTH DIXIE HWYAddress:5990 BIRD ROAD

Address: 1550 SOUTH DIXIE HWY Address: 5990 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33155 US

Title: P () Delete Title: PD (X) Change () Addition

Name:FONSECA, PABLOName:SANCHEZ, CARLOS DDSAddress:4560 SW 7 STAddress:1460 CECILIA

 Address:
 4560 SW 7 ST
 Address:
 1460 CECILIA

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 CORAL GABLES, FL 33143 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FRANCISCO BARROS SD 04/17/2008