FEI NUMBER: 30-0177004	Certificate of Status Desired
Name and Address of Current Registered Agent:	
PORTER, STEVEN J DR. 6775 SUNSET STRIP SUNRISE, FL 33313 US	
The above named entity submits this statement for the purp	pose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN J. PORTER 04/26/2014 Date Electronic Signature of Registered Agent **Officer/Director Detail :** PRES Title Title VP Name PORTER, STEVEN J DR. Name PORTER, OLGA D Address 8811 VICTORY LANE Address 8811 VICTORY LANE City-State-Zip: POTOMAC MD 20854

I hereby 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 all other like empowered.

SIGNATURE: STEVEN J. PORTER

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044926

Entity Name: PEDIATRIC DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

8811 VICTORY LANE POTOMAC, MD 20854

Current Mailing Address:

8811 VICTORY LANE POTOMAC, MD 20854 US

FEI Number: 30-0177004

Nam

Certificate of Status Desired: No

City-State-Zip: POTOMAC MD 20854

PRESIDENT

04/26/2014

FILED Apr 26, 2014 Secretary of State CC8384316834

Date