## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000006146

Entity Name: SAFEGUARD DENTAL SERVICES, INC

FILED Apr 15, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
95 ENTERPRISE, STE 100 ALISO VIEJO, CA 926562605							
Current Mailing Address:				New Mailing Address:			
95 ENTERPRISE, STE 100 ALISO VIEJO, CA 926562605				1095 AVENUE OF THE AMERICAS TAX DEPARTMENT - 15TH FLOOR NEW YORK, NY 100366796 US			
FEI Number: 33-0733552 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
TAMPA, FI	DERSON BLVE L 33609 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:							
	Electronic Signature of Registered Agent Date						
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SCHWARTZ, MI 501 U.S. HIGHW			Title: Name: Address: City-St-Zip:	DP (X SCHWARTZ, N 501 ROUTE 22 BRIDGEWATE	?	
Title: Name: Address: City-St-Zip:	KATZ, TODD B 501 U.S. HIGHW	Delete /AY 22 :, NJ 088072441		Title: Name: Address: City-St-Zip:	D (X KATZ, TODD B 501 ROUTE 2: BRIDGEWATE	2	
Title: Name: Address: City-St-Zip:	MALOUF, MICHA 1900 E. GOLF F	ROAD, SUITE 640		Title: Name: Address: City-St-Zip:	D (X MALOUF, MICH 1900 E. GOLF SCHAUMBURG	ROAD	
Title: Name: Address: City-St-Zip:	VGC () BRENDZEL, RO 95 ENTERPRISI ALISO VIEJO, C	E, STE 100		Title: Name: Address: City-St-Zip:	BRASH, STEVI	OF THE AMERICAS	
Title: Name: Address: City-St-Zip:	PIECHNIK, PAU 501 U.S. HIGHW			Title: Name: Address: City-St-Zip:	CFO (X PIECHNIK, PAI 501 ROUTE 22 BRIDGEWATE	2	
Title: Name: Address:	S () JORDAN, DANIE 501 BOYLSTON			Title: Name: Address:	(	) Change()Addition	

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

City-St-Zip:

SIGNATURE: STEVEN J. BRASH, (SAFEHEALTH ENTERPRISES) VP 04/15/2009

City-St-Zip:

BOSTON, MA 02116