2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# F06000006705

Entity Name: U.S. DENTAL CARE, INC.

Current Principal Place of Business:

240 VENTURE CIR
NASHVILLE, TN 37228

New Principal Place of Business:

260 MAIN STREET
HENDERSONVILLE, TN 37075

Current Mailing Address:

240 VENTURE CIR
NASHVILLE, TN 37228

New Mailing Address:

PO BOX 30381
LANSING, MI 48909

FEI Number: 62-1627075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP ( ) Delete
Name: WENK, PHILIP A DDS
Address: 240 VENTURE CIR
City-St-Zip: NASHVILLE, TN 37228

Title: DS ( ) Delete
Name: PERRY, JAMES T
Address: 240 VENTURE CIR
City-St-Zip: NASHVILLE, TN 37228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PHILIP A WENK, DDS PRES 04/28/2007

Electronic Signature of Signing Officer or Director — Date