

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003420

FILED
Jan 10, 2011
Secretary of State

Entity Name: FIRST DENTAL HEALTH, INC.

Current Principal Place of Business:

7220 TRADE STREET
#350
SAN DIEGO, CA 92121

New Principal Place of Business:

Current Mailing Address:

7220 TRADE STREET
#350
SAN DIEGO, CA 92121

New Mailing Address:

FEI Number: 33-0655193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
3111 W. DR.MLK BLVD. SUITE 100-B180
TAMPA, FL 33607 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

OFFICERS AND DIRECTORS:

Title: C
Name: SHELDON, JERRY
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

Title: D
Name: COLEMAN, MARY LEE
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

Title: D
Name: GALINSON, MURRAY
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

Title: P
Name: GROSSMAN, MICHAEL S DDS
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

Title: VP
Name: WATTS, BRIAN
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

Title: S
Name: KEMPER, JEANNIE
Address: 7220 TRADE ST. #350
City-St-Zip: SAN DIEGO, CA 92121

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: JEANNIE KEMPER

S

01/10/2011

Electronic Signature of Signing Officer or Director

_____ Date