2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# F10000003420

Entity Name: FIRST DENTAL HEALTH, INC.

Current Principal Place of Business:

5771 COPLEY DR.
SAN DIEGO, CA 92111

New Principal Place of Business:

Current Mailing Address:

5771 COPLEY DR.
SAN DIEGO, CA 92111

New Mailing Address:

P.O. BOX 919029
SAN DIEGO, CA 92191

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

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: 5771 COPLEY DR., STE. 150
City-St-Zip: SAN DIEGO, CA 92111

Title: D
Name: PALMA, STEVE
Address: 5771 COPLEY DR., STE. 150
City-St-Zip: SAN DIEGO, CA 92111

Title: P
Name: GROSSMAN, MICHAEL S DDS
Address: 5771 COPLEY DR., STE. 150
City-St-Zip: SAN DIEGO, CA 92111

Title: VP
Name: WATTS, BRIAN
Address: 5771 COPLEY DR., STE. 150
City-St-Zip: SAN DIEGO, CA 92111

Title: S
Name: KEMPER, JEANNIE
Address: 5771 COPLEY DR., STE. 150
City-St-Zip: SAN DIEGO, CA 92111

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 01/04/2012

Electronic Signature of Signing Officer or Director — Date