


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G77076</b> 1. Entity Name <b>SUPERIOR DENTAL, INC.</b>																													
Principal Place of Business <b>660 NORTH STATE ROAD 7 SUITE 12 PLANTATION FL 33317 US</b>			Mailing Address <b>660 NORTH STATE ROAD 7 SUITE 12 PLANTATION FL 33317 US</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number <b>59-1693278</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>LEON-RIBODI, MARLENE ESQ 8500 WEST FLAGLER STREET SUITE A-105 MIAMI FL 33144</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent's signature required when transferring) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOUGLAS, RICHARD C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>660 N. STATE ROAD 7</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PLANTATION FL</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	DOUGLAS, RICHARD C.		STREET ADDRESS	660 N. STATE ROAD 7		CITY- ST- ZIP	PLANTATION FL		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U00000921241</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>05/14/08-80073-023 158.75</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000921241	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	05/14/08-80073-023 158.75		STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard C. Douglas*  
**RICHARD C. DOUGLAS**

Exempted From Filing