2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20897

Entity Name: FAMILY DENTAL CARE CENTER, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5130 LINTON BLVD 5130 LINTON BLVD

UNIT D-2 UNIT D-2

DELRAY BEACH, FL 33484 US

Current Mailing Address: New Mailing Address:

5130 LINTON BLVD 5130 LINTON BLVD

UNIT D-2 UNIT D-2

DELRAY BEACH, FL 33484 US

FEI Number: 59-2548416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBBINS, MICHAEL G ROBBINS, MICHAEL G PRES 2500 NW 40TH ST 2500 NW 40TH ST

BOCA RATON, FL 33434 US BOCA RATON, FL 33434 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: MICHAEL G. ROBBINS 04/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

Name: ROBBINS, MICHAEL G., Name: ROBBINS, MICHAEL G PRES

 Address:
 2500 NW 40TH ST
 Address:
 2500 NW 40TH ST

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL
 33434 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL G. ROBBINS PRES 04/21/2006