

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65286

FILED
Jun 30, 2005
Secretary of State

Entity Name: AMERICAN DENTAL CLINIC, P.A.

Current Principal Place of Business:

5153 MARINE PKWY
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5153 MARINE PKWY
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2928389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINI, HARDEEP K.
9719 EL SOL CT.
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

SAINI, WADBHAG S.
9719 EL SOL CT.
NEW PORT RICHEY, FL 34655 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: SAINI, WADBHAG S.

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAINI, WADBHAG S.,
Address: 5153 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAINI, WADBHAG S.,
Address: 5153 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAINI, WADBHAG S.

OFFI

06/30/2005

Electronic Signature of Signing Officer or Director

Date