


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M52498 1. Entity Name INTEGRAL DENTAL CARE, P.A.	
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Principal Place of Business 8302 NW 103 ST 206 HIALEAH FL 33016	Mailing Address P O BOX 160490 HIALEAH FL 33016
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/07)

4. FEI Number 59-2805179		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SANCHEZ, PEDRO M. 8320 NW 103 ST SUITE 206 HIALEAH GARDENS FL 33016		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 signature required when non-trivial)
Signature, typed or printed name of registered agent and title (if applicable) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete	NAME SANCHEZ, PEDRO M
STREET ADDRESS 8302 NW 103RD ST STE 206	CITY-ST-ZIP HIALEAH FL 33016
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	U00000818584 02/15/08-80053-001 150.00
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP

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: ms **2/4/08 3055569364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 116 Phone #