

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52498

FILED
Apr 28, 2009
Secretary of State

Entity Name: INTEGRAL DENTAL CARE, P.A.

Current Principal Place of Business:

8302 NW 103 ST
206
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

P O BOX 160490
HIALEAH, FL 33016

New Mailing Address:

8302 N W 103 ST
206
HIALEAH GARDENS, FL 33016

FEI Number: 59-2805179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, PEDRO M.
8320 NW 103 ST
SUITE 206
HIALEAH GARDENS, FL 33016 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANCHEZ, PEDRO M
Address: 8302 NW 103RD ST STE 206
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ, PEDRO M
Address: 8302 NW 103RD ST STE 206
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO M SANCHEZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date