2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005960

A Name: LIC DENTAL ASSOCIATION II

FILED Feb 05, 2008 Secretary of State

Entity Name: HC RENTAL ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place	e of Business:	
	EHAED STREET T, FL 33040			
urrent N	lailing Address:	New Mailing Addre	ss:	
	EHAED STREET T, FL 33040			
I Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
ame and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
EY WES	CARA EHAED STREET T, FL 33040 US e named entity submits this statement for the pur	pose of changing its register	ed office or registered agent. or both.	
the Stat	e of Florida.			
GNATU	RE:Electronic Signature of Registered Agent		 Date	
			Date	
-FICER	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO	
le: ime: dress: :y-St-Zip:	D () Delete BRANDT, RON 310 BUSSE HWY 278 PARK RIDGE, IL 60068	Title: Name: Address: City-St-Zip:	() Change () Addition	
le: me: dress: y-St-Zip:	D () Delete MILLS, JOHN PO BOX 1463 EAGLE, CO 81631	Title: Name: Address: City-St-Zip:	() Change () Addition	
me: dress: y-St-Zip: e: me: dress:	MILLS, JOHN PO BOX 1463	Name: Address:	() Change () Addition () Change () Addition	
me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	MILLS, JOHN PO BOX 1463 EAGLE, CO 81631 D () Delete KAMYKOWSKI, DEB 921 SHILOH CT	Name: Address: City-St-Zip: Title: Name: Address:		
me: dress:	MILLS, JOHN PO BOX 1463 EAGLE, CO 81631 D () Delete KAMYKOWSKI, DEB 921 SHILOH CT NAPERVILLE, IL 60541 D () Delete COCHRANE, MIKE 651 S ROSELLE RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON BRANDT D 02/05/2008