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Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90144 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004784

1. Entity Name
DENTAL GROUP 1956, INC.

Principal Place of Business	Mailing Address
1249 NORTH ST. ROAD 7 LAUDERHILL, FL 33313	1249 NORTH ST. ROAD 7 LAUDERHILL, FL 33313

2. Principal Place of Business	3. Mailing Address
	19386 OCEAN Grank Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
*BOW City & State	City & State BOCA RATON Fl
Zip / Country	Zip 33498 Country Palm Bch

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0973811 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEIN, ILYA 20225 NE 34TH COURT #2412 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) 19386 OCEAN Grank Coort City BOCA RATON FL Zip Code 33498

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 [signature] Ilya Stein — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/25/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, JILYA 20225 NE 34TH COURT, #2412 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19386 OCEAN Grank Coort BOCA RATON Fl. 33498	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME *BOW STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME *BOW STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Ilya Stein — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/25/03 — Daytime Phone # (954) 584-2214