2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000019574

1. Entity Name
FAMILY DENTAL CARE GROUP, INC.

Principal Place of Business	Mailing Address
6A-1013 W MAIN STREET FAMILY DENTAL CARE IMMOKALEE, FL 34142	6A-1013 W MAIN STREET IMMOKALEE, FL 34142

DO NOT WRITE IN THIS SPACE

01232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0998855	Not Applicable

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

6. Name and Address of Current Registered Agent

PARMAR, KIRPAL SINGH
6A-1013 W MAIN STREET
IMMOKALEE, FL 34142

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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 typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARMAR, KIRPAL
STREET ADDRESS	6A-1013 W MAIN STREET
CITY ST ZIP	IMMOKALEE, FL 34142
TITLE	S
NAME	SARBJEET, PARMAR
STREET ADDRESS	6A-1013 W MAIN STREET
CITY ST ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: _Kirpal J Parmar_ KIRPAL S. PARMAR 1/24/05 239-658-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #