


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000019574																																																																																																																																									
1. Entity Name FAMILY DENTAL CARE GROUP, INC.																																																																																																																																									
Principal Place of Business 6A-1013 W MAIN STREET FAMILY DENTAL CARE IMMOKALEE FL 34142			Mailing Address 6A-1013 W MAIN STREET IMMOKALEE FL 34142																																																																																																																																						
2. Principal Place of Business			3. Mailing Address																																																																																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip	Country	Zip	Country	4. FEI Number 65-0998855																																																																																																																																					
				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				7. Name and Address of New Registered Agent																																																																																																																																					
PARMAR, KIRPAL SINGH 6A-1013 W MAIN STREET IMMOKALEE FL 34142				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 reconstituting)																																																																																																																																									
DATE _____																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PARMAR, KIRPAL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6A-1013 W MAIN STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>IMMOKALEE FL 34142</td> <td></td> <td>CITY- ST- ZIP</td> <td>000000473964</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>04/04/06-80004-021 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SARJEET, PARMAR</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6A-1013 W MAIN STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>IMMOKALEE FL 34142</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PARMAR, KIRPAL		NAME			STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS			CITY- ST- ZIP	IMMOKALEE FL 34142		CITY- ST- ZIP	000000473964						04/04/06-80004-021 150.00		TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SARJEET, PARMAR		NAME			STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS			CITY- ST- ZIP	IMMOKALEE FL 34142		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME	PARMAR, KIRPAL		NAME																																																																																																																																						
STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS																																																																																																																																						
CITY- ST- ZIP	IMMOKALEE FL 34142		CITY- ST- ZIP	000000473964																																																																																																																																					
				04/04/06-80004-021 150.00																																																																																																																																					
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME	SARJEET, PARMAR		NAME																																																																																																																																						
STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS																																																																																																																																						
CITY- ST- ZIP	IMMOKALEE FL 34142		CITY- ST- ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME			NAME																																																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																																																						
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME			NAME																																																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																																																						
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME			NAME																																																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																																																						
CITY- ST- ZIP			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: Kirpal Parmar 3/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR