

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-31-2008 90034 019 ***150.00

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1st MOORE CR2E034 (10/07)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0998855	
Zip		Country		☐ Applied For ☐ Not Applicable	
Zip		Country		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	
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 _____ DATE _____ Signature, typed or printed name of registered agent and his or her office					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PARMAR, KIRPAL		NAME		
STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE FL 34142		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SARBJEET, PARMAR		NAME		
STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE FL 34142		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 empowerment.					
SIGNATURE: <i>X Kirpal S Parmar</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					