2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2010
Secretary of State

DOCUMENT# P00000019574

Entity Name: FAMILY DENTAL CARE GROUP, INC.

Current Principal Place of Business:

6A-1013 W MAIN STREET
FAMILY DENTAL CARE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

6A-1013 W MAIN STREET
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-0998855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: PARMAR, KIRPAL
Address: 6A-1013 W MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: S
Name: SARBJEET, PARMAR
Address: 6A-1013 W MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIRPAL SINGH PARMAR D 01/10/2010

Electronic Signature of Signing Officer or Director Date