FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 31 AM 10:21
03-10-2003 90178 049 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060435

1. Entity Name
Soft Touch Dental Care, Inc.
(formerly Kian Dental, Inc.)

NC 2/10/03

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
612 Cascade Falls Dr.	612 Cascade FAlls Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL 33327	City & State: Weston, FL 33327
Zip / Country: USA	Zip / Country: USA

4. FEI Number: 65-1022040 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Fadavi, Sayed M.
Street Address (P.O. Box Number is Not Acceptable): 612 Cascade Falls Drive. Weston.
City: Weston FL Zip Code: 33327

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	Fadavi, Sayed M	NAME	
STREET ADDRESS	612 Cascade Falls Drive	STREET ADDRESS	
CITY-ST-ZIP	Weston, FL 33327	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Kiani, Fattaneh	NAME	
STREET ADDRESS	612 Cascade Falls Drive	STREET ADDRESS	
CITY-ST-ZIP	Weston, FL 33327	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sayed Masoud Fadavi 3-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #