

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000096965

FILED
Apr 22, 2008
Secretary of State**Entity Name:** TOTAL CARE DENTAL, P.A.**Current Principal Place of Business:**4300 N UNIVERSITY DRIVE
A101
LAUDERHILL, FL 33351**New Principal Place of Business:****Current Mailing Address:**10800 AVENIDA DEL RIO
DELRAY BEACH, FL 33446**New Mailing Address:**4300 N UNIVERSITY DRIVE
A101
LAUDERHILL, FL 33351**FEI Number:** 65-1047734**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STEIN, ILYA
4300 N. UNIVERSITY DRIVE
A104
LAUDERHILL, FL 33351 US**Name and Address of New Registered Agent:**ARON, ROBERT
4300 N. UNIVERSITY DRIVE
A104
LAUDERHILL, FL 33351 US

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: ROBERT ARON

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D (X) Delete
Name: STEIN, ILYA
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: LAUDERHILL, FL 33351**Title:** D () Delete
Name: ARON, ROBERT
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: LAUDERHILL, FL 33351**Title:** D () Delete
Name: COHEN, RON
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: LAUDERHILL, FL 33351**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT ARON

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date