2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# P00000096965

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:

4300 N UNIVERSITY DRIVE
A104
LAUDERHILL, FL 33351

Current Mailing Address:

4300 N UNIVERSITY DRIVE
A101
LAUDERHILL, FL 33351

New Mailing Address:

4300 N UNIVERSITY DRIVE
A104
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:

ARON, ROBERT
4300 N. UNIVERSITY DRIVE
A104
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

ARON, ROBERT S
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 S. ARON 04/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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: D (X) Change ( ) Addition
Name: ARON, ROBERT S
Address: 4300 N. UNIVERSITY DRIVE A-104
City-St-Zip: LAUDERHILL, FL 33351

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 S. ARON D 04/12/2009
Electronic Signature of Signing Officer or Director Date