2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096965

Entity Name: TOTAL CARE DENTAL, P.A.

FILED Apr 19, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4300 N UNIVERSITY DRIVE 4300 N UNIVERSITY DRIVE

A104 A104

LAUDERHILL, FL 33351 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4300 N UNIVERSITY DRIVE 4300 N UNIVERSITY DRIVE

A104 A104 LAUDERHILL, FL 33351

SUNRISE, 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: Name and Address of New Registered Agent:

ARON, ROBERT S ARON, ROBERT S 4300 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DRIVE

A104 A104 LAUDERHILL, FL 33351 US SUNRISE, 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 04/19/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ARON, ROBERT S Name:

4300 N. UNIVERSITY DRIVE A-104 Address:

City-St-Zip: SUNRISE, FL 33351

Title:

Name: COHEN, RON

4300 N. UNIVERSITY DRIVE A-104 Address:

SUNRISE, FL 33351 City-St-Zip:

Title:

RUBIN, JONATHAN Name:

4300 N. UNIVERSITY DRIVE A-104 Address:

City-St-Zip: SUNRISE, FL 33351

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: ROBERT ARON D 04/19/2010