

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000107121

Entity Name: M.B.N. DENTAL SERVICES, INC.

**FILED  
Apr 24, 2008  
Secretary of State****Current Principal Place of Business:**1600 N. STATE RD 7  
# 400  
LAUDERHILL, FL 33313**New Principal Place of Business:**4430 NW 170 STREET  
MIAMI, FL 33055**Current Mailing Address:**1600 N. STATE RD 7  
# 400  
LAUDERHILL, FL 33313

FEI Number: 65-1058153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JACOBY, ANA  
4430 NW 170 STREET  
MIAMI, FL 33055 US**Name and Address of New Registered Agent:**PEREZ-FLOWERS, ELIZABETH  
446 STONEMONT DRIVE  
WESTON, FL 33326 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: ELIZABETH PEREZ-FLOWERS

04/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: MS. ( ) Delete  
Name: JACOBY, ANA  
Address: 4430 NW 170 STREET  
City-St-Zip: MIAMI, FL 33055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: MS. (X) Change ( ) Addition  
Name: PEREZ-FLOWERS, ELIZABETH  
Address: 446 STONEMOUNT DRIVE  
City-St-Zip: WESTON, FL 33326

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: ELIZABETH PEREZ-FLOWERS

MRS.

04/24/2008

Electronic Signature of Signing Officer or Director

Date