2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# P01000037459

Entity Name: PRIMARY DENTAL CARE, INC.

Current Principal Place of Business:

3413 NORTHWEST 17TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3413 NORTHWEST 17TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1091610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELIPE, FAUSTO E
7821 SOUTHWEST 9TH TERRACE
MIAMI, FL 33144

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FELIPE, FAUSTO E
Address: 3413 NORTHWEST 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FAUSTO E. FELIPE PD 01/17/2004

Electronic Signature of Signing Officer or Director — Date