2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# P01000074293

Entity Name: MONDEL DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

1947 SW BILTMORE ST.
PORT ST LUCIE, FL 34984

New Principal Place of Business:

7230 SO. U. S. HIGHWAY 1
PORT ST LUCIE, FL 34952

Current Mailing Address:

1947 SW BILTMORE ST.
PORT ST LUCIE, FL 34984

New Mailing Address:

7230 SO. U. S. HIGHWAY 1
PORT ST LUCIE, FL 34952

FEI Number: 65-1145809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEQUIN, ANTONIO A
1947 SW BILTMORE ST.
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

MONTEQUIN, ANTONIO A
7230 SO. U. S. HIGHWAY 1
PORT ST LUCIE, FL 39452 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: 08/06/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTEQUIN, ANTONIO A
Address: 334 NE FLORESIA DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S ( ) Delete
Name: DEL ROSARIO, GILDA
Address: 234 SW STARFISH AVE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTONIO A. MONTEQUIN P 08/06/2009
Electronic Signature of Signing Officer or Director — Date