2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111554

FILED Feb 25, 2007 Secretary of State

Entity Na	me: MCLEC	DD-PIKE DENTAL GROUP, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE #3	TWOOD MA						
Current Mailing Address:			New Mailing Address:				
SUITE #03 CLERMON	TWOOD MA } NT, FL 3471 : 03-0452040		FEI Number Not Appl	licable()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			• • • • • • • • • • • • • • • • • • • •	Name and Address of New Registered Agent:			
918 DUFÉ	STEPHEN ⁻ DR GARDEN, FL						
	named entit of Florida.	y submits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,		
SIGNATUI	RE:						
	Electr	onic Signature of Registered Age	ent		Date		
Election Ca	npaign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PIKE, CHAR 2105 HARTV	()Delete LES VOOD MARSH RD, SUITE # 03 FL 34711 US	Title: Name: Address: City-St-Zip:	MCLEOD, S 2105 HARTV	(X) Change ()Addition TEPHEN T WOOD MARSH ROAD SUITE #03 , FL 34711 US		
Title:	Р	(X) Delete	Title:		() Change () Addition		

MCLEOD, STEPHEN

Name: Address: 2105 HARTWOOD MARSH RD., SUITE 03

CLERMONT, FL 34711 City-St-Zip:

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 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: STEPHEN T. MCLEOD **PRES** 02/25/2007