

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040684

Entity Name: MEDPLEX DENTAL INC

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 30-0067747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLINI, MATILDE F
7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819 US

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

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: DP () Delete
Name: CASTELLINI, MATILDE F
Address: 8202 SANDBERRY BLVD
City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete
Name: CASTELLINI, LARRY J
Address: 8202 SANDBERRY BLVD
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: CASTELLINI, MARCO P
Address: 7350 SANDLAKE COMMONS BLVD, STSE 1121
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: CASTELLINI, LAURA P
Address: 7350 SANDLAKE COMMONS BLVD, STSE 1121
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CASTELLINI, MATILDE F
Address: 6347 COOPERS GREEN
City-St-Zip: ORLANDO, FL 32819

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

Title: S (X) Change () Addition
Name: CASTELLINI, MARCO P
Address: 5537 SCARAMUECHE LN
City-St-Zip: ORLANDO, FL 32821

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: LARRY CASTELLINI

VP

05/04/2007

Electronic Signature of Signing Officer or Director

Date