

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057888

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** PRISTINE DENTAL CARE, INC.

**Current Principal Place of Business:**

831 WEST SAMPLE ROAD  
DEERFIELD BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

16446 MARIPOSA CIRCLE NORTH  
PEMBROKE PINES, FL 33331

**New Mailing Address:**

**FEI Number:** 04-3681405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENJAMIN, REENU DR.  
16446 MARIPOSA CIRCLE NORTH  
PEMBROKE PINES, FL 33331 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENJAMIN, REENU DR.  
Address: 16446 MARIPOSA CIRCLE NORTH  
City-St-Zip: PEMBROKE PINES, FL 33331

Title: V  
Name: BENJAMIN, JACOB  
Address: 16446 MARIPOSA CIRCLE NORTH  
City-St-Zip: PEMBROKE PINES, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: REENU BENJAMIN

P

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date