2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# P02000065132

Entity Name: AMERICARE DENTAL, PA

Current Principal Place of Business:

6267 WEST SAMPLE RD.
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

10800 AVENIDA DEL RIO
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 43-1966854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, ILYA
6267 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067 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: D ( ) Delete
Name: STEIN, ILYA
Address: 6267 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: ARON, ROBERT
Address: 6267 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

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: ILYA STEIN D 03/30/2006

Electronic Signature of Signing Officer or Director Date