

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128305

Entity Name: MEDAL DENTAL, P.A.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

3331 S KIRKMAN RD
SUITE 528
ORLANDO, FL 32811 US

New Principal Place of Business:

11003 GROVESHIRE CT
OCOE, FL 34761 US

Current Mailing Address:

3331 SOUTH KIRKMAN ROAD
SUITE 528
ORLANDO, FL 32811 US

New Mailing Address:

11003 GROVESHIRE CT
OCOE, FL 34761 US

FEI Number: 42-1569648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DACCACHE, DANNY K
3331 SOUTH KIRKMAN ROAD
SUITE 528
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

DACCACHE, DANNY K
11003 GROVESHIRE CT
OCOE, FL 34761 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: DACCACHE, DANNY K
Address: 3331 SOUTH KIRKMAN ROAD, SUITE 528
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: DACCACHE, DANNY K
Address: 11003 GROVESHIRE CT
City-St-Zip: OCOE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANNY K DACCACHE

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date