

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P03000035569 1. Entity Name BEST SMILE DENTAL CARE, CORP.		
Principal Place of Business 1961 NE 196 TERRACE MIAMI, FL 33179	Mailing Address 4315 NW 7 STREET SUITE 51 MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CECILIA VIDAL, MARIA 1961 NE 196 TERRACE MIAMI, FL 33179		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees DATE 04/04/07-80086-010 150.00	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CECILIA VIDAL, MARIA 1961 NE 196 TERRACE MIAMI, FL 33179	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. MARIA CECILIA VIDAL		
SIGNATURE  PRESIDENT 03/20/07 786 2515812 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		