

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035569

FILED
Jan 26, 2011
Secretary of State

Entity Name: BEST SMILE DENTAL CARE, CORP.

Current Principal Place of Business:

1961 NE 196 TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

4315 NW 7STREET
SUITE 51
MIAMI, FL 33126

New Mailing Address:

FEI Number: 11-3682696 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VIDAL, MARIA C
1961 NE 196 TERRACE
MIAMI, FL 33179 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: VIDAL, MARIA C
Address: 1961 NE 196 TERRACE
City-St-Zip: MIAMI, FL 33179

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: MARIA C VIDAL

P

01/26/2011

Electronic Signature of Signing Officer or Director

Date