2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061946

MIAMI, FL 33147

City-St-Zip:

Entity Name: FLORIDIAN DENTAL CARE INC

FILED Mar 30, 2009 Secretary of State

		WE BEITTIE OF WE IIIO.					
Current Principal Place of Business:			New Prin	cipal Plac	ce of Business:		
7900 NW 2 SUITE 205 MIAMI, FL	5						
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
7900 NW 2 SUITE 205 MIAMI, FL	5						
FEI Number:	: 14-1886970	FEI Number Applied For () FEI Number Not App	olicable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agen	t: Name an	d Address	s of New Registered Agent:		
RUIZ, SER 1301 SW 1 MIAMI, FL The above in the State	126 PL 33184 US	submits this statement for	the purpose of changing	its registe	red office or registered agent, or bo	oth,	
SIGNATUR							
		nic Signature of Registered	d Agent		Date	_	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPS (RUIZ, SERGIO 1301 SW 126F MIAMI, FL 331	L	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	,) Delete RICARDO DDS I AVE #205	Title: Name: Address:		(X) Change () Addition IIZA, RICARDO DDS / 27TH AVE #205		

City-St-Zip:

MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO EGUSQUIZA PRES 03/30/2009