

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067278

FILED
May 17, 2005
Secretary of State

Entity Name: ADVANCED DENTAL CARE SPECIALISTS CORP.

Current Principal Place of Business:

2951 TANGERINE TERRACE
PALM HARBOR, FL 34684

New Principal Place of Business:

13736 LITTLE ROAD
HUDSON, FL 34667

Current Mailing Address:

2951 TANGERINE TERRACE
PALM HARBOR, FL 34684

New Mailing Address:

2636 KEYSTONE ROAD
TARPON SPRINGS, FL 34688

FEI Number: 54-2113432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, JAMIE
2951 TANGERINE TERRACE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

ESTRADA, JAMIE
2636 KEYSTONE ROAD
TARPON SPRINGS, FL 34688 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:

05/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESTRADA, JAMIE
Address: 2951 TANGERINE TERRACE
City-St-Zip: PALM HARBOR, FL 34684

Title: VD () Delete
Name: SALAZAR-ESTRADA, AMALIA
Address: 2951 TANGERINE TERRACE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESTRADA, JAMIE
Address: 2636 KEYSTONE ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD (X) Change () Addition
Name: SALAZAR-ESTRADA, AMALIA
Address: 2636 KEYSTONE ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

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: DR. JAIME ESTRADA

PD

05/17/2005

Electronic Signature of Signing Officer or Director

Date