

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073710

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: FLORIDA DENTAL MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

2100 PONCE DE LEON BLVD., STE 950  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2100 PONCE DE LEON BLVD., STE 950  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-0082677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: PADRON, CARLOS  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete  
Name: FERNANDEZ, MIGUEL B  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DPT ( ) Delete  
Name: CABRERA, MARCIO C  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DONOHUE, FAY  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

Title: D&O (X) Change ( ) Addition  
Name: MA, PATRICIA C SECRETA  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

Title: D&O (X) Change ( ) Addition  
Name: POLLOCK, STEVEN J PRESIDE  
Address: 12121 NORTH CORPORATE PARKWAY  
City-St-Zip: MEQUON, WI 53092 US

Title: O ( ) Change (X) Addition  
Name: RIVAS, LOURDES T VP  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33143

Title: O ( ) Change (X) Addition  
Name: PRINCE, HOLLY TREASUR  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33143

Title: O ( ) Change (X) Addition  
Name: SHEEHAN, JOHN J ASST TR  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129

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: PATRICIA C. MA

SECR

01/05/2009

Electronic Signature of Signing Officer or Director

Date