## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112208

P. O. BOX 260396

TAMPA, FL 33685

Address: City-St-Zip: FILED Feb 21, 2006 Secretary of State

Entity Nam	ne: 1ST CHC	DICE DENTAL CARE, INC.		•	
Current Pr	incipal Place	of Business:	New Principal Place o	of Business:	
2515 COUN	NTRYSIDE BL	.VD			
CLEARWA	TER, FL 337	63			
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
P. O. BOX 2 TAMPA, FL					
FEI Number:	20-0340671	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MATOS, MA 12508 TWIN TAMPA, FL	N BRANCH A		P.J TESTA 4726 B N LOIS AVE TAMPA, FL 33614	JS	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: PHILL TESTA				02/21/2006	
Election Cam		nic Signature of Registered Agen g Trust Fund Contribution ( ).	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( MATOS, JOSE P. O. BOX 260 TAMPA, FL 33	396	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( MATOS, MARY P. O. BOX 260 TAMPA, FL 33	396	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S ( )	) Delete IIO	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARY MATOS VP 02/21/2006