

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112208

Entity Name: 1ST CHOICE DENTAL CARE, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

2515 COUNTRYSIDE BLVD
A
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 260396
TAMPA, FL 33685

New Mailing Address:

2515 COUNTRYSIDE BLVD
A
CLEARWATER, FL 33763

FEI Number: 20-0340671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

P.J TESTA
4726 B N LOIS AVE
TAMPA, FL 33614 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: P () Delete
Name: MATOS, JOSE F
Address: P. O. BOX 260396
City-St-Zip: TAMPA, FL 33685

Title: VP () Delete
Name: MATOS, MARY A
Address: P. O. BOX 260396
City-St-Zip: TAMPA, FL 33685

Title: S () Delete
Name: MATOS, SERGIO
Address: P. O. BOX 260396
City-St-Zip: TAMPA, FL 33685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATOS, JOSE F
Address: 2515 COUNTRYSIDE BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: VP (X) Change () Addition
Name: MATOS, MARY A
Address: 2515 COUNTRYSIDE BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: S (X) Change () Addition
Name: MATOS, SERGIO
Address: 2515 COUNTRYSIDE BLVD
City-St-Zip: CLEARWATER, FL 33763

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: MARY MATOS

VP

03/10/2008

Electronic Signature of Signing Officer or Director

Date