2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90186 013 ***150.00

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1. Entity Name
MLV DENTAL MEDICAL MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
995 N MIAMI BEACH BLVD, Suite 100 MIAMI BEACH, FL 33162	10861 SW 156TH ST MIAMI, FL 33157

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0391349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, HOPETON 995 N MIAMI BEACH BLVD, Suite 100 MIAMI BEACH, FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] HOPETON WRIGHT 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD WRIGHT, MILLICENT 3705 ACAPULCO DR MIRAMAR, FL 33023	☐ Delete	P/T/D Wright, Millicent 3705 Acapulco Dr Miramar, FL 33023	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SMITH, LORNA 10861 SW 156TH ST MIAMI, FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JENIEVE, PAUL 1180 SUSSEX DR., #1013 POMPANO BEACH, FL 33068	☐ Delete	C PAUL, JENIEVE Dr. 12441 SW 1 St Plantation, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SMITH, GLENVILLE 10835 SW 156TH TR MIAMI, FL 33157	☐ Delete	D SMITH, GLENVILLE 10835 SW 156 TR MIAMI, FL 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, CYNTHIA 10835 SW 156TH ST MIAMI, FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC WRIGHT, HOPETON 3905 ACAPULCO DR. HOLLYWOOD, FL 33023	☑ Delete	M NELSON-MANGATAL, JACQUELINE Dr. 7085 VIA-Leonardo LAKE WORTH, FLORIDA 33467	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LORNA SMITH 4/10/06 305 9480456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #