2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P03000127845

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

Current Principal Place of Business:

995 N MIAMI BEACH BLVD
SUITE 100
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

10861 SW 156TH ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-0391349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, HOPETON
995 N MIAMI BEACH BLVD N
SUITE 100
N. MIAMI BEACH, FL 33162 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:	D	( ) Delete
Name:	WRIGHT, MILLICENT	
Address:	3705 ACAPULCO DR	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	P/S	( ) Delete
Name:	SMITH, LORNA	
Address:	10861 SW 156TH ST	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	PAUL, JENIEVE DR	
Address:	12441 SW 1 ST	
City-St-Zip:	PLANTATION, FL 33325	
Title:	VP/T	( ) Delete
Name:	SMITH, GLENVILLE	
Address:	10835 SW 156TH TR	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	SMITH, CYNTHIA	
Address:	10835 SW 156TH ST	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	NELSON-MANGATAL, JACQUELINE DR	
Address:	7085 VIA-LEONARDO	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SMITH, CYNTHIA	
Address:	10861 SW 156TH ST	
City-St-Zip:	MIAMI, FL 33157	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: LORNA SMITH P/S 04/27/2007

Electronic Signature of Signing Officer or Director — Date