2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127845

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

FILED Mar 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 995 N MIAMI BEACH BLVD 951 NE 167 ST SUITE 100 SUITE 104 N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 10861 SW 156TH ST MIAMI, FL 33157 FEI Number: 20-0391349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, HOPETON WRIGHT, HOPETON 995 N MIÁMI BEACH BLVD N 951 NE 167 ST SUITE 100 SUITE 104 N. MIAMI BEACH, FL 33162 US N. MIAMI BEACH, FL 33162 US 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: 03/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WRIGHT, MILLICENT WRIGHT, MILLICENT Name: Name: 3705 ACAPULCO DR 3705 ACAPULCO DR Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023 P/S Title: S/VP Title: () Delete (X) Change () Addition Name: SMITH, LORNA Name: SMITH, LORNA 10861 SW 156TH ST 10861 SW 156TH ST Address: Address: MIAMI, FL 33157 MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PAUL, JENIEVE DR Name: Name: 12441 SW 1 ST Address: Address: City-St-Zip: PLANTATION, FL 33325 City-St-Zip: () Delete Title: VP/T Title: (X) Change () Addition SMITH, GLENVILLE SMITH, GLENVILLE Name: Name: Address: 10835 SW 156TH TR Address: 10835 SW 156TH TR City-St-Zip: City-St-Zip: MIAMI, FL 33157 MIAMI, FL 33157 Title: Title: () Delete () Change () Addition SMITH, CYNTHIA Name: Name: 10861 SW 156TH ST Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NELSON-MANGATAL, JACQUELINE DR Name: 7085 VIA-LEONARDO Address: Address: City-St-Zip: LAKE WORTH, FL 33467 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: HOPETON WRIGHT RA 03/29/2008