

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127845

FILED  
Jun 18, 2009  
Secretary of State

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

## Current Principal Place of Business:

951 NE 167 ST  
SUITE 104  
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  
951 NE 167 ST  
SUITE 104  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete  
Name: WRIGHT, MILLICENT  
Address: 3705 ACAPULCO DR  
City-St-Zip: MIRAMAR, FL 33023

Title: SVP ( ) 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: D ( ) Delete  
Name: SMITH, GLENVILLE  
Address: 10835 SW 156TH TR  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: SMITH, CYNTHIA  
Address: 10861 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

VP/S

06/18/2009

Electronic Signature of Signing Officer or Director

Date