2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000127845

FILED Nov 04, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

951 NE 167 ST SUITE 104

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 951 NE 167 ST SUITE 104 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.

III the State of Flori

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:

Name: WRIGHT, HOPETON Address: 3705 ACAPULCO DR City-St-Zip: MIRAMAR, FL 33023

Title: S/P

 Name:
 SMITH, LORNA

 Address:
 10861 SW 156TH ST

 City-St-Zip:
 MIAMI, FL 33157

Title: D

 Name:
 PAUL, JENIEVE DR

 Address:
 12441 SW 1 ST

 City-St-Zip:
 PLANTATION, FL 33325

Title: VP/T

Name: SMITH, GLENVILLE Address: 10835 SW 156TH TR City-St-Zip: MIAMI, FL 33157

Title:

 Name:
 SMITH, CYNTHIA

 Address:
 10861 SW 156TH ST

 City-St-Zip:
 MIAMI, FL 33157

Title:

Name: NELSON-MANGATAL, JACQUELINE DR

Address: 7085 VIA-LEONARDO City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: LORNA SMITH S 11/04/2010