2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

DOCUMENT# P03000127845

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

OFFICERS AND DIRECTORS:

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

Title: D
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 03/20/2011

Electronic Signature of Signing Officer or Director — Date