2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P03000133741

Entity Name: PROFESSIONAL DENTAL CARE, INC.

Current Principal Place of Business:

10543 SW 109TH CT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10543 SW 109TH CT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-0397274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, SANDRA
10543 SW 109TH CT
MIAMI, FL 33176 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: P ( ) Delete
Name: GOMEZ, SANDRA
Address: 10543 SW 109TH CT
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: GOMEZ, FERNANDO
Address: 918 OCEAN DRIVE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SANDRA GOMEZ P 02/28/2006

Electronic Signature of Signing Officer or Director Date