2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# P04000004256

Entity Name: NDM DENTAL CONSULTANTS, INC.

Current Principal Place of Business:

1355 LAKE DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1355 LAKE DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-0547808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX CARE INC
417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 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: VP
Name: VADILLO, NORA
Address: 1355 LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: P
Name: VARA, NORA
Address: 1355 LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: T
Name: TWERY, MONICA
Address: 129 CARRIAGE HILL DR.
City-St-Zip: CASSELBERRY, FL 32707

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: NORA VARA P 04/14/2011

Electronic Signature of Signing Officer or Director — Date