

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051273

Entity Name: COUNTY DENTAL CORP

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

1246 W 68 ST
HIALEAH, FL 33014

New Principal Place of Business:

10271 PINES BLVD.
PEMBROKE PINES, FL 33026

Current Mailing Address:

10271 PINES BLVD
DOTHAN, AL 363026

New Mailing Address:

10271 PINES BLVD
PEMBROKE PINES, FL 363026

FEI Number: 84-1646763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MANUEL
1246 W 68 ST
HIALEAH, FL 33014 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: DPT () Delete
Name: GONZALEZ, MANUEL
Address: 1246 W 68 ST
City-St-Zip: HIALEAH, FL 33014

Title: DVS (X) Delete
Name: GONZALEZ, LILIAN
Address: 1246 W 68 ST
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GONZALEZ, LILIAN
Address: 10271 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33026

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: LILIAN GONZALEZ

PRES

03/13/2007

Electronic Signature of Signing Officer or Director

Date