

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066050

Entity Name: CARE DENTAL, INC.

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

6080 BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 334373502 US

New Principal Place of Business:

Current Mailing Address:

6080 BOYNTON BEACH BLVD
SUITE 200
BOYNTON BEACH, FL 334373502 US

New Mailing Address:

FEI Number: 20-1260599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: EISENBAND, MICHAEL A DMD
Address: 6113 WILBUR WAY
City-St-Zip: LAKE WORTH, FL 33437 US

Title: S () Delete
Name: EISENBAND, NANCY W
Address: 7556 EAGLE POINT DRIVE
City-St-Zip: DELRAY BEACH, FL 33446 US

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: MICHAEL A. EISENBAND, D.M.D.

P

03/12/2007

Electronic Signature of Signing Officer or Director

Date