

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140452

FILED
Feb 20, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA DENTAL GROUP, INC.

Current Principal Place of Business:

16215 SR 50
CLERMONT, FL 34711

New Principal Place of Business:

16215 SR 50
STE.102
CLERMONT, FL 34711

Current Mailing Address:

16215 SR 50
CLERMONT, FL 34711

New Mailing Address:

16215 SR 50
STE.102
CLERMONT, FL 34711

FEI Number: 27-0110702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, CARLOS
8801 LATREC AVE
APT. 106
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

ORTIZ, CARLOS R
16215 S R 50
STE. 102
CLERMONT, FL 34711 US

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: CARLOS R. ORTIZ

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORTIZ, CARLOS
Address: 8801 LATREC AVE APT. 106
City-St-Zip: ORLANDO, FL 32819

Title: STD () Delete
Name: ORTIZ, IRIS N
Address: 8801 LATREC AVE APT. 106
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORTIZ, CARLOS
Address: 16215 S. R. 50 STE. #102
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change () Addition
Name: ORTIZ, IRIS N
Address: 16215 S. R. 50 STE. 102
City-St-Zip: CLERMONT, FL 34711

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: CARLOS R. ORTIZ

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date