

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164529

Entity Name: BEST DENTAL CARE, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

2915 NW 7ST  
MIAMI, FL 33125

## New Principal Place of Business:

1673 SW 27 AVE  
MIAMI, FL 33145

## Current Mailing Address:

2915 NW 7ST  
MIAMI, FL 33125

## New Mailing Address:

1673 SW 27 AVE  
MIAMI, FL 33145

FEI Number: 20-1976121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELIPE, FAUSTO E  
2915 NW 7ST  
MIAMI, FL, FL 33125 US

## Name and Address of New Registered Agent:

FELIPE, FAUSTO E  
1673 SW 27 AVE  
MIAMI, FL, FL 33145 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FELIPE, FAUSTO E  
Address: 2915 NW 7ST  
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete  
Name: LOPEZ, JOSE  
Address: 3060 SW 104TH CT  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FELIPE, FAUSTO E  
Address: 1673 SW 27 AVE  
City-St-Zip: MIAMI, FL 33145

Title: V (X) Change ( ) Addition  
Name: LOPEZ, JOSE  
Address: 1673 SW 27 AVE  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: FAUSTO E FELIPE

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date