2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P04000164529

Entity Name: BEST DENTAL CARE, INC.

Current Principal Place of Business:

1673 SW 27 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1673 SW 27 AVE
MIAMI, FL 33145

New Mailing Address:

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
1673 SW 27 AVE
MIAMI, FL 33145 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: P
Name: FELIPE, FAUSTO E
Address: 7821 SW 9 TERR
City-St-Zip: MIAMI, FL 33144

Title: V
Name: LOPEZ, JOSE
Address: 2400 SW 27 AVE APT 707
City-St-Zip: MIAMI, FL 33145

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: FAUSTO E FELIPE P 04/28/2011

Electronic Signature of Signing Officer or Director Date