2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# P04000166950

Entity Name: PORT CHARLOTTE DENTALCARE INC.

Current Principal Place of Business:

3441 CONWAY BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3441 CONWAY BLVD.
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 30-0288248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODY & OBEIDY, P.A.
11098 BISCAYNE BLVD.,
SUITE 300
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

KATTOURA & ASSOCIATES, INC.
1499 W PALMETTO PARK RD STE 416
BOCA RATON, FL 33486 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: KATTOURA & ASSOCIATES, INC. 03/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: FARAG, JOSEPH DR.
Address: 12694 N.W. 7TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC ( ) Delete
Name: FARAG, JOSEPH
Address: 12694 N.W. 7TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TRES ( ) Delete
Name: FARAG, JOSEPH
Address: 12694 N.W. 7TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: JOSEPH FARAG P 03/14/2005
Electronic Signature of Signing Officer or Director Date