2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166950

Address:

City-St-Zip:

12694 N.W. 7TH COURT

CORAL SPRINGS, FL 33071

FILED Jan 06, 2009 Secretary of State

Entity Nam	ne: PORTICH	ARLOTTE DENTALCARE INC.		•	
Current Principal Place of Business:			New Principal Place	of Business:	
3441 CONV PORT CHA	VAY BLVD. .RLOTTE, FL	33952			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3441 CONV PORT CHA	VAY BLVD. .RLOTTE, FL	33952			
FEI Number:	30-0288248	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
KATTOURA & ASSOCIATES, INC. 1499 W PALMETTO PARK RD STE 416 BOCA RATON, FL 33486 US			1239 NEWPORT CEN	KATTOURA & ASSOCIATES, INC. 1239 NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33073 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: JOSEPH FARAG				01/06/2009	
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () FARAG, JOSEPI 3441 CONWAY PORT CHARLOT	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () FARAG, JOSEPI 12694 N.W. 7TH CORAL SPRING	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TRES () FARAG, JOSEPI	Delete H	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FARAG CEO 01/06/2009