2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027907

Entity Name: MIAMI DENTAL MANAGEMENT COMPANY, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10 VENETIAN WAY APT. #84 10 VENETIAN WAY

MIAMI BEACH, FL 33139 #804

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

10 VENETIAN WAY APT. #84 10 VENETIAN WAY

MIAMI BEACH, FL 33139 #804

MIAMI BEACH, FL 33139

FEI Number: 20-2424270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, JULIO E
10 VENETIAN WAY APT. #84
10 VENETIAN WAY

MIAMI BEACH, FL 33139 US #804

MIAMI BEACH, FL 33139 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: JULIO HERNANDEZ 04/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NAVARRO, FRANCISCO NAVARRO, FRANCISCO H Name: Name: 10 VENETIAN WAY 804 10 VENETIAN WAY #804 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete Title: PST (X) Change () Addition
Name: HERNANDEZ JULIO F
Name: HERNANDEZ JULIO F

Name: HERNANDEZ, JULIO E Name: HERNANDEZ, JULIO E Address: 10 VENETIAN WAY APT. #84 Address: 10 VENETIAN WAY #804 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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: JULIO HERNANDEZ PST 04/25/2007