

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049739

Entity Name: ROYAL DENTAL CARE, P.A.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

410 NW 87TH LN - # 102
PLANTATION, FL 33324

New Principal Place of Business:

410 NW 87TH LN
102
PLANTATION, FL 33324

Current Mailing Address:

410 NW 87TH LN - # 102
PLANTATION, FL 33324

New Mailing Address:

410 NW 87TH LN
102
PLANTATION, FL 33324

FEI Number: 20-2644964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKAFF, EMON A DMD,MFP
410 NW 87TH LN - # 102
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SKAFF, EMON A DMD,MFP
410 NW 87TH LN
102
PLANTATION, FL 33324 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:

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SKAFF, EMON A DMD,MFP
Address: 410 NW 87TH LN - # 102
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SKAFF, EMON A DMD,MFP
Address: 410 NW 87TH LN - # 102
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: EMON A. SKAFF

DR

04/10/2006

Electronic Signature of Signing Officer or Director

Date