2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# P05000049739

Entity Name: ROYAL DENTAL CARE, P.A.

Current Principal Place of Business:

410 NW 87TH LN
102
PLANTATION, FL 33324

New Principal Place of Business:

7500 NW 5TH STREET
SUITE#110
PLANTATION, FL 33317

Current Mailing Address:

410 NW 87TH LN
102
PLANTATION, FL 33324

New Mailing Address:

7500 NW 5TH STREET
SUITE#110
PLANTATION, FL 33317

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
7500 NW 5TH STREET
SUITE#110
PLANTATION, FL 33317 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: _____ 04/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) 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: 7500 NW 5TH STREET SUITE#110
City-St-Zip: PLANTATION, FL 33317

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: EMON A. SKAFF DR 04/04/2009
Electronic Signature of Signing Officer or Director — Date