

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035675

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: DENTAL CARE PROVIDERS, P.A.

## Current Principal Place of Business:

1721 SW 68TH AVENUE  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

1721 SW 68TH AVENUE  
PLANTATION, FL 33317

## New Mailing Address:

FEI Number: 20-4466452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOSQUERA, LILIANA DDS  
1721 SW 68TH AVENUE  
PLANTATION, FL FL US

## Name and Address of New Registered Agent:

MOSQUERA, LILIANA DDS  
1721 SW 68TH AVENUE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/09/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOSQUERA, LILIANA DDS  
Address: 1721 SW 68TH AVENUE  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LILIANA MOSQUERA, DDS

P

07/09/2007

Electronic Signature of Signing Officer or Director

Date