

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065231

FILED
Apr 23, 2008
Secretary of State

Entity Name: DENTAL CARE OF VAN DYKE, INC.

Current Principal Place of Business:

17553 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

17553 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-4846392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHSI, ISHWER
17553 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

REHSI, ISHWER PD
17553 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 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: ISHWER REHSI

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REHSI, ISHWER
Address: 17553 NORTH DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548

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: ISHWER REHSI

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date