2007 FOR PROFIT CORPORATION

Jan 12, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000103687 01-12-2007 90016 027 ***150.00 EMPIRE DENTAL CARE, P.A. Principal Place of Business Mailing Address 14060 SW 39 STREET 14060 SW 39 STREET MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 5358315 20-Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, MARIA J Street Address (P.O. Box Number is Not Acceptable) 14060 SW 39 STREET MIAMI, FL 33175 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALVAREZ, MARIA J NAME NAME 14060 SW 39 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALVAREZ, JORGE L NAME STREET ADDRESS 14060 SW 39 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

appoler with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information antain apprint is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee annowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an addates, with all other like empowered. 12. I hereby certify that the information indicated on this report or supplier of the corporation or the received

TOROJE L. ALVAREZ 1/8/07 (305)794-3918
THEORY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE - PRESIDENT Data Daytime Priore

FILED