

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113312

FILED
Jul 08, 2007
Secretary of State

Entity Name: HEALTHY SMILES DENTAL, INC.

Current Principal Place of Business:

27627-PLEASURE RIDGE DR
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

38180 MEDICAL CENTER AVE
ZEPHYRHILLS, FL 33540

Current Mailing Address:

27627-PLEASURE RIDGE DR
WESLEY CHAPEL, FL 33543

New Mailing Address:

38180 MEDICAL CENTER AVE
ZEPHYRHILLS, FL 33540

FEI Number: 65-1290117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDDIN, FIROZ
10006-KINGSHYRE WAY
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

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: D () Delete
Name: UDDIN, TAHIR FIROZ DMD
Address: 27627-PLEASURE RIDGE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: UDDIN, TAHIR F DMD
Address: 27627 PLEASURE RIDE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

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: TAHIR UDDIN

D

07/08/2007

Electronic Signature of Signing Officer or Director

Date