2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153430

Entity Name: SPECIAL CARE DENTISTRY OF MIAMI BEACH, P.A.

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

960 ARTHUR GODFREY RD - # 214 960 ARTHUR GODFREY RD - # 214

MIAMI BEACH, FL 33140 SUITE 214

MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

960 ARTHUR GODFREY RD - # 214 960 ARTHUR GODFREY RD - # 214

MIAMI BEACH, FL 33140 SUITE 214

MIAMI BEACH, FL 33140

URBINO, RAFAEL DMD

FEI Number: 20-8257897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

URBINO, RAFAEL DMD 960 ARTHUR GODFREY RD - # 214 MIAMI BEACH, FL 33140 US

960 ARTHUR GODFREY RD - # 214 SUITE 214 MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33140 C

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: RAFAEL URBINO 03/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

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: RAFAEL URBINO PRES 03/18/2008

Electronic Signature of Signing Officer or Director

Date