

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001819

FILED
Apr 30, 2008
Secretary of State

Entity Name: SELECT DENTAL INC

Current Principal Place of Business:

11660 NW 11 STREET
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

1109 NORTH FEDERAL HWY
2A
HOLLYWOOD, FL 33020 US

Current Mailing Address:

11660 NW 11 STREET
PEMBROKE PINES, FL 33026 US

New Mailing Address:

1109 NORTH FEDERAL HWY
2A
HOLLYWOOD, FL 33020 US

FEI Number: 20-8163702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILGADO, SANDRA
11660 NW 11 STREET
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILGADO, SANDRA
Address: 11660 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP () Delete
Name: SILGADO, JORGE
Address: 11660 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SANDRA SILGADO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date