2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017222

Entity Name: HARMONY FACIAL AND DENTAL CENTER, INC.

FILED Feb 20, 2008 Secretary of State

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

1919 SW 9TH AVE 2161 EAST COMMERCIAL BLVD. FT. LAUDERRDALE, FL 33315 US FT. LAUDERRDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

1919 SW 9TH AVE 2161 EAST COMMERCIAL BLVD. FT. LAUDERRDALE, FL 33315 US FT. LAUDERRDALE, FL 33308 US

FEI Number: 20-8427156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
7ALLAHASSEE, FL 32301 US
NADJA, NADJA A DR.
2161 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308 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: NADJA HORST 02/20/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete

Name: HORST, NADJA A Address: 1919 SW 9TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: D () Delete Name: RUBIN, DAVID M

Address: 1919 SW 9TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33315 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition

Name: HORST, NADJA A Address: 1919 SW 9TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: DR. (X) Change () Addition

Name: RUBIN, DAVID M Address: 1919 SW 9TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33315 US

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: DAVID M. RUBIN DR, 02/20/2008