2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033200

Entity Name: I. A. DENTAL SERVICE, INC

FILED Apr 23, 2009 Secretary of State

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

9059 NW 114 TERRA 9059 NW 114 TERRACE

HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 US LIS

Current Mailing Address: New Mailing Address:

7105 SW 8 STREET 9059 NW 114 TERRACE

SUITE 306 MIAMI GARDENS, FL 33018 US MIAMI, FL 33144

FEI Number: 20-8645524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ABELLO, ISIDRO ABELLO, ISIDRO

9059 NW 114 TERRA 9059 NW 114 TERRACE HIALEAH GARDENS, FL 33018 US

HIALEAH GARDENS, FL 33018 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: ISIDRO ABELLO 04/23/2009

> 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: PSD (X) Change () Addition

ABELLO, ISIDRO Name: Name: ABELLO, ISIDRO 9059 NW 114 TERRA 9059 NW 114 TERRACE Address: Address:

City-St-Zip: HIALEAH GARDENS, FL 33018 US City-St-Zip: HIALEAH GARDENS, FL 33018 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: ISIDRO ABELLO **PSD** 04/23/2009