

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 011 ***150.00

DOCUMENT # P07000033661

1. Entity Name
KENDALL DENTAL CARE, INC.



Principal Place of Business Mailing Address
12350 SW 127 AVE **12350 SW 127 AVE**
MIAMI, FL 33186 **MIAMI, FL 33186**

50000915



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number **20-8660953** Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLARO, EMILIO E
8415 SW 107 AVE STE 371W
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME **CLARO, RITA M DDS**
STREET ADDRESS **10321 SW 125 ST**
CITY - ST - ZIP **MIAMI, FL 33176**

TITLE VP ☐ Delete
NAME **ACOSTA, HECTOR M**
STREET ADDRESS **12350 SW 127 AVE**
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE VP ☐ Delete
NAME **CLARO, EMILIO E**
STREET ADDRESS **8415 SW 107 AVE STE 371W**
CITY - ST - ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EMILIO E. CLARO V.P.

03-18-08

305-412-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #