2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P07000106280

Entity Name: SIERRA DENTAL GROUP, PA

Current Principal Place of Business:

584 CASCADE FALLS DRIVE
WESTON, FL 33327 US

New Principal Place of Business:

2333 FOREST DRIVE
INVERNESS, FL 34453 US

Current Mailing Address:

P.O. BOX 268564
WESTON, FL 33326 US

New Mailing Address:

P.O. BOX 1718
INVERNESS, FL 34451 US

FEI Number: 26-1117279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHNEIDER, PAUL F
7860 PETERS ROAD
F-110
PLANTATION, FL 33324 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: SIERRA, PABLO
Address: 584 CASCADE FALLS DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SIERRA, PABLO DMD
Address: PO BOX 1718
City-St-Zip: INVERNESS, FL 34451

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: PABLO SIERRA DR 01/11/2008
Electronic Signature of Signing Officer or Director Date