
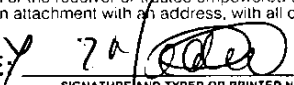


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90043 015 \*\*\*150.00

<b>DOCUMENT # P07000112774</b> 1. Entity Name <b>MEDINA'S DENTAL RDH SERVICES CORP</b>																																																					
Principal Place of Business <b>7601 EAST TREASURE DRIVE SUITE # 501 NORTH BAY VILLAGE, FL 33141</b>			Mailing Address <b>7601 EAST TREASURE DRIVE SUITE # 501 NORTH BAY VILLAGE, FL 33141</b>																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																		
4. FEI Number <b>26-1239343</b>			Applied For <input type="checkbox"/> Not Applicable																																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent <b>MEDINA, ZENIA 7601 EAST TREASURE DRIVE APT # 501 NORTH BAY VILLAGE, FL 33141</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> <b>P MEDINA, ZENIA 7601 EAST TREASURE DRIVE SUITE # 501 NORTH BAY VILLAGE, FL 33141</b> </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEDINA, ZENIA 7601 EAST TREASURE DRIVE SUITE # 501 NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEDINA, ZENIA 7601 EAST TREASURE DRIVE SUITE # 501 NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																			
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  <b>3/13/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																					