2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# P07000117103

Entity Name: LATIN DENTAL CLINIC, INC.

Current Principal Place of Business:

434 SW 12TH AVENUE
SUITE # 204
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

434 SW 12TH AVENUE
SUITE # 204
MIAMI, FL 33130

New Mailing Address:

FEI Number: 38-3796572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, MARLENY
434 SW 12TH AVENUE
SUITE # 204
MIAMI, FL 33130 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HERDOCIA, FILIBERTO DDS
Address: 434 SW 12TH AVENUE - SUITE # 204
City-St-Zip: MIAMI, FL 33130

Title: VP
Name: HERDOCIA, FILIBERTO DDS
Address: 434 SW 12TH AVENUE
City-St-Zip: MIAMI, FL 33130

Title: S
Name: SANCHEZ, ANA B
Address: 434 SW 12TH AVENUE - SUITE # 204
City-St-Zip: MIAMI, FL 33130

Title: TREA
Name: SANCHEZ, MARLENY
Address: 434 SW 12TH AVENUE - SUITE # 204
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: FILIBERTO HERDOCIA PRES 01/30/2012

Electronic Signature of Signing Officer or Director — Date