2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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Entity Name: FAMILY DENTAL CARE CLINIC, P.A.

Current Principal Place of Business:

1200 S. HIGHLAND AVE.
B
CLEARWATER, FL 33756

New Principal Place of Business:

1511 LAKEVIEW RD.
CLEARWATER, FL 33756

Current Mailing Address:

1200 S. HIGHLAND AVE.
B
CLEARWATER, FL 33756

New Mailing Address:

1511 LAKEVIEW RD.
CLEARWATER, FL 33756

FEI Number: 36-4641438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRECAJ, ALEKSANDER DDS
1944 SPANISH OAKS DR. S.
PALM HARBOR, FL 34683 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: DR.
Name: PRECAJ, ALEKSANDER DDS
Address: 1944 SPANISH OAKS DR. S
City-St-Zip: PALM HARBOR, FL 34683

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: ALEKSANDER PRECAJ OWNE 01/10/2011

Electronic Signature of Signing Officer or Director — Date