

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044444

Entity Name: PINES DENTAL CARE, INC.

FILED
May 26, 2010
Secretary of State

Current Principal Place of Business:

4544 SW 195TH WAY
MIRAMAR, FL 33029

New Principal Place of Business:

302 NW 179 AVE
201 A
PEMBROKE PINES, FL 33029

Current Mailing Address:

4544 SW 195TH WAY
MIRAMAR, FL 33029

New Mailing Address:

302 NW 179 AVE
201 A
PEMBROKE PINES, FL 33029

FEI Number: 27-0216741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTENO, LUIS
4544 SW 195TH WAY
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

RODRIGUEZ, ROXANA
4544 SW 195TH WAY
MIRAMAR, FL 33029 US

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: ROXANA RODRIGUEZ

05/26/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: RODRIGUEZ, ROXANA
Address: 4544 SW 195TH WAY
City-St-Zip: MIRAMAR, FL 33029

Title: VP
Name: CENTENO, LUIS
Address: 4544 SW 195TH WAY
City-St-Zip: MIRAMAR, FL 33029

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: LUIS E. CENTENO

VP

05/26/2010

Electronic Signature of Signing Officer or Director

Date