2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# P09000044444

Entity Name: PINES DENTAL CARE, INC.

Current Principal Place of Business:

302 NW 179 AVE
201 A
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

302 NW 179 AVE
201 A
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 27-0216741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, ROXANA
4544 SW 195TH WAY
MIRAMAR, FL 33029 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: 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 CENTENO VP 02/25/2011

Electronic Signature of Signing Officer or Director — Date