2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# P09000094969

Entity Name: CARE TEAM DENTAL, INC.

Current Principal Place of Business:

12251 NW 30 STREET
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

12251 NW 30 STREET
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 27-1356105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, MICHELLE
12251 NW 30 STREET
SUNRISE, FL 33323 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: NEWMAN, MICHELLE
Address: 12251 NW 30 STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: S
Name: HUGHES, HILARY
Address: 22005 MARTELLA AVE
City-St-Zip: BOCA RATON, FL 33433

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: MICHELLE NEWMAN MGN 03/08/2011

Electronic Signature of Signing Officer or Director Date