2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P10000008156

Entity Name: SPECIAL NEEDS DENTAL CARE OF SOUTH FLORIDA INC.

Current Principal Place of Business:

1111 KANE CONCOURSE #515
BAY HARBOUR ISLAND, FL 33154

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE #515
BAY HARBOUR ISLAND, FL 33154

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUMAN, JONATHAN
1111 KANE CONCOURSE
SUITE 515
BAY HARBOR ISLAND, FL 33154 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: PSTD
Name: TUMAN, JONATHAN
Address: 1111 KANE CONCOURSE #515
City-St-Zip: BAY HARBOUR ISLAND, FL 33154

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: JONATHAN TUMAN DR. 02/09/2012

Electronic Signature of Signing Officer or Director — Date