2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P11000026242

Entity Name: EMERGENCY DENTAL CENTER, INC

Current Principal Place of Business:

210 SOUTH FEDERAL HWY
SUITE 400A
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

210 SOUTH FEDERAL HWY
SUITE 400A
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 45-0615699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTANEDA, RUBEN D
6735 BRIDGEWOOD COURT
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

GIRALDO, JUAN C
210 SOUTH FEDERAL HWY
SUITE 400A
HOLLYWOOD, FL 33020 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: JUAN CARLOS GIRALDO 02/09/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P.T
Name: CASTANEDA, RUBEN D
Address: 6735 BRIDGEWOOD COURT
City-St-Zip: BOCA RATON, FL 33433

Title: VP.
Name: CASTANEDA, ROSA M
Address: 6735 BRIDGEWOOD COURT
City-St-Zip: BOCA RATON, FL 33433

Title: S
Name: CASTANEDA, ROSA M
Address: 6735 BRIDGEWOOD COURT
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: RUBEN D. CASTANEDA P 02/09/2012
Electronic Signature of Signing Officer or Director Date