

2007 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 018 ***150.00

DOCUMENT # **P 92000005945**
 1. Entity Name **FEDERAL DENTAL CARE INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4390 N. FEDERAL HIGHWAY

3. Mailing Address
4390 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. FEI Number
65-0370197

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
MARAH DESA

Street Address (P.O. Box Number is Not Acceptable)
5251 NE 28TH AVENUE

City **FORT LAUDERDALE FL** Zip Code **33308**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 MARAH DESA
 5251 NE 28TH AVENUE
 FORT LAUDERDALE FL 33308**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with a brother like empowered.

SIGNATURE: **MARAH DESA DDS** Date **04-27-07** Daytime Phone # **954-772-5559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 11/2/07