

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073636

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: ORACARE DENTAL, P.A.

**Current Principal Place of Business:**

ORACARE DENTAL, P.A.  
380 SR 434 STE #1005  
ALTAMONTE SPGS., FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

ORACARE DENTAL, P.A.  
380 SR 434 STE #1005  
ALTAMONTE SPGS., FL 32714 US

**New Mailing Address:**

FEI Number: 59-3215728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHETH, JITEN J. BDS  
380 SR 434, SOUTH  
SUITE 1005  
ALTAMONTE SPGS., FL 32714 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHETH, JITEN J.  
Address: 380 SR 434 SOUTH, SUITE 1005  
City-St-Zip: ALTAMONTE SPGS., FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JITEN SHETH

P

01/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date