

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073636

FILED
Feb 03, 2009
Secretary of State

Entity Name: ORACARE DENTAL, P.A.

Current Principal Place of Business:

ORACARE DENTAL, P.A.
840 NORTH S.R.434, SUITE #C
ALTAMONTE SPGS., FL 32714 US

New Principal Place of Business:

Current Mailing Address:

ORACARE DENTAL, P.A.
840 NORTH S.R.434, SUITE #C
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
840 NORTH S.R.434
SUITE #C
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: 840 NORTH S.R.434, SUITE #C
City-St-Zip: ALTAMONTE SPGS., FL 32714

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 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 J. SHETH

_____ Electronic Signature of Signing Officer or Director

DR.

02/03/2009

_____ Date