

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073636

FILED  
Jan 06, 2011  
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:

ORACARE DENTAL, P.A.  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771 US

## Current Mailing Address:

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

## New Mailing Address:

ORACARE DENTAL, P.A.  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771 US

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:

SHETH, JITEN J. BDS  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771 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:

Electronic Signature of Registered Agent

01/06/2011

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SHETH, JITEN J.  
Address: 320 LEXINGTON GREEN LN  
City-St-Zip: SANFORD, FL 32771

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: JITEN SHETH

Electronic Signature of Signing Officer or Director

P

01/06/2011

Date