2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000019908

1. Entity Name
DENTAL CARE, INC.

Principal Place of Business	Mailing Address
1026 NW 10TH AVE	1026 NW 10TH AVE
FORT LAUDERDALE, FL 33311	FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0480235	Not Applicable

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

6. Name and Address of Current Registered Agent

SALEHI, KAMBIZ
1026 NW 10TH AVE
FORT LAUDERDALE, FL 33311

This is Correct address

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 _[signature]_ Dr. Kambiz Salehi D.DS   4-25-05
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALEHI, KAMBIZ
STREET ADDRESS	14501 SUNSET LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330

U00000349196
05/02/05-80052-025 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _[signature]_ Dr. Kambiz Salehi   4-25-05   (954) 689-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #