

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000070971 1. Entity Name MANAGED DENTAL CARE, INC.	
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Principal Place of Business 27501 S DIXIE HWY STE 300 MIAMI, FL 33032 US	Mailing Address 10934 SW 156TH TERR MIAMI, FL 33157 US
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DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0542754	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, JAMES A III
10934 SW 156TH TERR
MIAMI, FL 33157**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRENNAN, JAMES A III 27501 S DIXIE HWY MIAMI, FL 33032
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James A. Brennan III **JAMES A. BRENNAN III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 **(786) 357-5939**
Date Daytime Phone #