2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000073632

1. Entity Name

OCOÉE DENTAL CARE, P.A.



Principal Place of Business

11140 W COLONIAL DR

SUITE 7

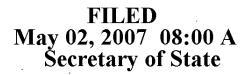
OCOEE, FL 34761

Mailing Address

11140 W COLONIAL DR

SUITE 7

OCOEE, FL 34761





DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3279732

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASHBURN, ERIC S 102 E MAPLE ST WINTER GARDEN, FL 34787

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				
		Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	05/22/07-80051-018 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BHATHEJA, RAMESH C 11140 W COLONIAL DR SUITE 7 OCOEE, FL 34761			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	cortify that the information appoind with this fill	ing door got a raify for the ave	motions contained in Chapter	110 Florida Statutos I further codifu that the information

12. I nereby 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 his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4-30-07

Date

Daytime Phone #