


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 042 ***150.00

DOCUMENT # P94000089653	
1. Entity Name MARCARE DENTAL SERVICES, INC.	

Principal Place of Business 201 8TH STREET SOUTH., STE 106 NAPLES, FL 34102 US	Mailing Address 201 8TH STREET SOUTH., STE 106 NAPLES, FL 34102 US
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2. Principal Place of Business - No P.O. Box # 1726 Medical Blvd	3. Mailing Address 1726 Medical Blvd
Suite, Apt. #, etc. #204	Suite, Apt. #, etc. #204
City & State Naples, FL	City & State Naples, FL
Zip 34110	Country USA



01232007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0548050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAKRAM, MARK M 2104 AMARGO WAY NAPLES, FL 34119	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAKRAM, MARK M 2104 AMARGO WAY NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #