

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039251

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** BRIGHTEN DENTAL CARE, INC.

**Current Principal Place of Business:**

129 E. DANIA BEACH BLVD.  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

129 E. DANIA BEACH BLVD.  
DANIA, FL 33004

**New Mailing Address:**

**FEI Number:** 74-2766969

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

GUPTA, CHANDER  
129 E. DANIA BEACH BLVD.  
DANIA, FL 33004 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution** ( ).

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** GUPTA, CHANDER  
**Address:** 129 E. DANIA BEACH BLVD.  
**City-St-Zip:** DANIA, FL 33004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHANDER GUPTA

PD

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date