2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041146

Entity Name: CASTLE DENTAL CENTERS OF FLORIDA, INC.

FILED Jun 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
324 EAST LAKE ROAD PALM HARBOR, FL 34685 US					
Current Mailing Address:			New Mailing Address:		
3701 KIRBY DRIVE SUITE 550 HOUSTON, TX 77098 US		201 E. SANDPOINTE SUITE 800 SANTA ANA, CA 92707 US			
FEI Number: 76-0502609 FEI Number Applied For () FEI Number		mber Not Appli	ber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: N			Name and	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip: Title: Title:	LOBEL, DAVID S 3701 KIRBY DR HOUSTON, TX SP () SLACK, JOHN M 3701 KIRBY DR HOUSTON, TX CFO () KEANE, JOSEPH 3701 KIRBY DR HOUSTON, TX D (X) MURPHY, PAUL 3701 KIRBY DR HOUSTON, TX	IVE #550 77098 Delete I CEO IVE #550 77098 Delete H P IVE #550 77098 Delete F IVE #550 77098	Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title: Title: Title: Title: Title:	P/S (X) Change () Addition BILT, STEVEN C PRES/SE 201 E. SANDPOINTE, SUITE 800 SANTA ANA, CA 92707 VP/T (X) Change () Addition SCHMIDT, BRADLEY E VP/TREA 201 E. SANDPOINTE, SUITE 800 SANTA ANA, CA 92707 SVP (X) Change () Addition SLACK, JOHN SVP 3701 KIRBY DRIVE, SUITE 550 HOUSTON, TX 77098 () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BAYNHAM, FRAI 3701 KIRBY DR HOUSTON, TX	IVE #550 77098 Delete IVE #550	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition ()Change()Addition	

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: BRADLEY E. SCHMIDT VP/T 06/16/2005