

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041146

FILED
May 02, 2007
Secretary of State

Entity Name: CASTLE DENTAL CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

324 EAST LAKE ROAD
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

201 E. SANDPOINTE
SUITE 800
SANTA ANA, CA 92707 US

New Mailing Address:

FEI Number: 76-0502609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

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:

Title: P/S () Delete
Name: BILT, STEVEN C PRES/SE
Address: 201 E. SANDPOINTE, SUITE 800
City-St-Zip: SANTA ANA, CA 92707

Title: VP/T () Delete
Name: SCHMIDT, BRADLEY E VP/TREA
Address: 201 E. SANDPOINTE, SUITE 800
City-St-Zip: SANTA ANA, CA 92707

Title: SEC (X) Delete
Name: TUMBARELLO, STEVE SEC
Address: 3701 KIRBY DRIVE, SUITE 550
City-St-Zip: HOUSTON, TX 77098

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 SCHMIDT

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05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date