**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000080015

1. Entity Name
BDC DENTAL HEALTH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16125 NE 18TH AVENUE<br>N. MIAMI BEACH, FL 33162 | % M. ALMAN<br>17290 N.E. 19TH AVENUE<br>N. MIAMI BEACH, FL 33162 |

DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0698315
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H
1729C NE 19 AVE.
N. MIAMI BEACH, FL 33160

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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 _____ DATE
Signature, name or printed name of new registered agent (if applicable) (NOTE: Required if applicable.)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000554255
05/15/06-80083-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PS |
| NAME | SMITH, PIERRE-MICHEL |
| STREET ADDRESS | 16125 NE 18 AVE |
| CITY ST ZIP | N. MIAMI BEACH, FL 33162 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

DO NOT WRITE IN THIS SPACE

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: X Pierre-Michel Smith 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory)