

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031189

Entity Name: SPECIAL DENTAL CLINIC, INC.

FILED  
Jan 14, 2007  
Secretary of State

## Current Principal Place of Business:

25 HOMESTEAD RD. NORTH  
SUITE #15  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

## Current Mailing Address:

25 HOMESTEAD RD. NORTH  
SUITE #15  
LEHIGH ACRES, FL 33936

## New Mailing Address:

FEI Number: 65-0744765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALO, CARLOS M  
2511 8TH ST W  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

MALO, IVANIA  
25 HOMESTEAD RD NORTH # 15  
LEHIGH ACRES, FL 33936 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: IVANIA MALO

01/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MALO, CARLOS M  
Address: 25 HOMESTEAD RD. N., STE. 15  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V ( ) Delete  
Name: MALO, IVANIA  
Address: 25 HOMESTEAD RD. N., STE 15  
City-St-Zip: LEHIGH ACRES, FL 33936

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MALO, IVANIA  
Address: 25 HOMESTEAD RD. N., STE. 15  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V (X) Change ( ) Addition  
Name: SHREIBER, PAGE L  
Address: 25 HOMESTEAD RD. N., STE 15  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the 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: IVANIA MALO

P

01/14/2007

Electronic Signature of Signing Officer or Director

Date