

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031189

Entity Name: SPECIAL DENTAL CLINIC, INC.

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1600 WEST 14 ST
LEHIGH ACRES, FL 33972

Current Mailing Address:

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

New Mailing Address:

1600 WEST 14 ST
LEHIGH ACRES, FL 33972

FEI Number: 65-0744765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BONILLA, ROMEL
1600 WEST 14 ST
LEHIGH ACRES, FL 33972 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: ROMEL BONILLA

02/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: SHREIBER, PAGE L
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: 1600 WEST 14 ST
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V (X) Change () Addition
Name: BONILLA, ROMEL L
Address: 1600 WEST 14 ST
City-St-Zip: LEHIGH ACRES, FL 33972

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: IVANIA MALO

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date