2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P98000000604

Entity Name: MORA FAMILY DENTISTRY INC.

Current Principal Place of Business:

7171 CORAL WAY
217
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7171 CORAL WAY
217
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0808642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORA, EDDY A
4400 SW 94TH CT
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORA, EDDY A
Address: 4400 S.W. 94TH COURT
City-St-Zip: MIAMI, FL 33163

Title: SD ( ) Delete
Name: MORA, YOSJANI
Address: 4400 S.W. 94TH COURT
City-St-Zip: MIAMI, FL 33163

Title: VD ( ) Delete
Name: MORA, EUGENIO A
Address: 11021 SW 26 STREET
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete
Name: MORA, CARMEN
Address: 4400 S.W. 94TH COURT
City-St-Zip: MIAMI, FL 33163

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:

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: EDDY A. MORA DDS 01/28/2009

Electronic Signature of Signing Officer or Director — Date