

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037648

FILED
Mar 23, 2007
Secretary of State

Entity Name: PRIME CARE DENTAL CENTER, P.A.

Current Principal Place of Business:

3525 US HWY 17
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

PO BOX 441064
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3509575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALON-ALON, MARY R
3525 US HWY 17
ORANGE PARK, FL 32003 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: P () Delete
Name: ALON-ALON, MARY R DDS
Address: 3525 US HWY 17
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ALON-ALON, MARYROSE A DDS
Address: 3525 US HWY 17
City-St-Zip: ORANGE PARK, FL 32003

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: MARYROSE ALON-ALON

DR

03/23/2007

Electronic Signature of Signing Officer or Director

Date