2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037648

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

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
----------------------------------------------------------------------	--------------------------------------	---------------------------------

1555 KINGSLEY AVENUE

#306

ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

1555 KINGSLEY AVENUE #306 ORANGE PARK, FL 32073

FEI Number: 59-3509575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALON-ALON, MARYROSE A 1555 KINGSLEY AVENUE #306 ORANGE PARK, FL 32073 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.

iii tiic Otate oi i io

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR

Name: ALON-ALON, MARYROSE A DDS Address: 1555 KINGSLEY AVENUE, #306 City-St-Zip: ORANGE PARK, FL 32073

Title: MR

 Name:
 SAYOC, JERICHO BRIAN

 Address:
 1555 KINGSLEY AVENUE # 306

 City-St-Zip:
 ORANGE PARK, FL 32073 US

Title: MISS

Name: SAYOC, ANGELA CLAIRE
Address: 1555 KINGSLEY AVE, # 306
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby 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 all other like empowered.

SIGNATURE: MARY ROSE ALON-ALON DR 04/10/2012