

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030541

FILED  
Aug 19, 2008  
Secretary of State

Entity Name: DENTAL CARE ASSOCIATION, CORP.

## Current Principal Place of Business:

4011 W. FLAGLER ST #202  
MIAMI, FL 33134

## New Principal Place of Business:

24667 SW 109 AVE  
PRINCETON, FL 33032

## Current Mailing Address:

4011 W. FLAGLER ST #202  
MIAMI, FL 33134

## New Mailing Address:

24667 SW 109 AVE  
PRINCETON, FL 33032

FEI Number: 65-0919165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, CRISTINA DDS  
4011 WEST FLAGLER STREET-STE 202  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

GARCIA, CRISTINA DDS  
24667 SW 109 AVE  
PRINCETON, FL 33032 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: CRISTINA GARCIA

08/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GARCIA, CRISTINA  
Address: 4011 W. FLAGLER ST, SUITE 202  
City-St-Zip: MIAMI, FL

Title: DS ( ) Delete  
Name: GARCIA, ZADY  
Address: 4011 W. FLAGLER ST, SUITE 202  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GARCIA, CRISTINA  
Address: 24667 SW 109 AVE  
City-St-Zip: PRINCETON, FL 33032

Title: DS (X) Change ( ) Addition  
Name: GARCIA, ZADY  
Address: 3151 SW 4 ST  
City-St-Zip: MIAMI, FL 33135

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: CRISTINA GARCIA

DP

08/19/2008

Electronic Signature of Signing Officer or Director

Date