

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044369

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** AMERICA DENTAL CLINIC CORP.

**Current Principal Place of Business:**

3631 SW 87 AVE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

1800 W 48 ST #201  
HIALEAH, FL 33012

**New Mailing Address:**

1800 W 48 ST #223  
HIALEAH, FL 33012

FEI Number: 65-0919582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOIRAC, MARIA  
3850 SW 87 AVE #101  
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: P  
Name: TOIRAC, MARIA  
Address: 3631 SW 87TH AVE.  
City-St-Zip: MIAMI, FL 33165

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: MARIA TOIRAC

PD

01/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date