

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070777

FILED
Apr 16, 2009
Secretary of State

Entity Name: FONG'S COMPLETE DENTAL CARE, INC.

Current Principal Place of Business:

1900 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1900 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0937178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONG, IAN
1900 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

FONG, IAN S P
1900 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024 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: IAN FONG

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FONG, IAN S
Address: 1900 NORTH UNIVERSITY DRIVE, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IAN FONG

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date