2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P99000085698

Entity Name: THE FAMILY DENTAL CARE, INC.

Current Principal Place of Business:

646 WEST PALM DR
SUITE 200
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

646 WEST PALM DR
SUITE 200
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 65-0963082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, EDUARDO
646 W PALM DR
SUITE 200
MIAMI, FL 33034 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: PD ( ) Delete
Name: GONZALEZ, EDUARDO
Address: 646 W PALM DR STE 200
City-St-Zip: FLORIDA CITY, FL 33034

Title: TD ( ) Delete
Name: DE LA CRUZ, ALEJANDRO
Address: 646 W PALM DR #200
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDUARDO GONZALEZ PD 02/19/2009

Electronic Signature of Signing Officer or Director — Date