2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
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

OFFICERS AND DIRECTORS:

Title: PD
Name: GONZALEZ, EDUARDO
Address: 646 W PALM DR STE 200
City-St-Zip: FLORIDA CITY, FL 33034

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

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: EDUARDO GONZALEZ OWN 04/24/2012

Electronic Signature of Signing Officer or Director — Date