2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 19, 2007 08:00 Al Secretary of State DOCUMENT # S09966 1. Entity Name CORAL DENTAL CARE, INC. Principal Place of Business Mailing Address % JOSEPH A. MARONA 2801 N UNIVERSITY DR, SUITE 202 CORAL SPRINGS, FL 33065 7162 PEMBROKE ROAD MIRAMAR, FL 33023 CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0225023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Feo Required 6. Name and Address of Current Registered Agent DO NOT WRITE CONTE, EUGENIO 2801 N UNIVERSITY DR, SUITE 202 CORAL SPRINGS, FL 33065 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if apphoable, (NOTE: Registered Agent signature required when reinstating) DAIF \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trus: Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CONTE, EUGENIO STREET ADDRESS 2123 UNIVERSITY DRIVE CITY-ST-7IP CORAL SPRINGS, FL H00000640644 TITLE 02/28/07-80076-003 150:00 CONTE, NIVIA NAM.F STREET ADDRESS 2123 UNIVERSITY DRIVE CITY-ST-7IP CORAL SPRINGS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

SIGNATURE:

12. Thereby certify that the information supplied

changed, or on an attachm

indicated on this report or supplemental re of the corporation or the receiver or trust changed, or on an attachment with an a

CITY: ST-71P

e empowered.

is not qualify for the exemptions contained in Chapter 119, Florida Sjatutes. I further certify that the information

trate and that my signature shall have the same legal effect as if made under oath; that I ard an officer or 0 softer but this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if