

DOCUMENT # V25758

1. Entity Name  
PASADENA DENTAL CARE, INC.



FILED  
Apr 02, 2007 08:00 AM  
Secretary of State



1st MOORE CR2E034 (10/06)

Principal Place of Business  
2526 PASADENA AVE S  
SUITE E  
SOUTH PASADENA FL 33707  
US

Mailing Address  
2525 PASADENA AVE. SOUTH  
SUITE E  
SOUTH PASADENA FL 33707  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number 59-3113683  
Applied For  
Not Applicable

Zip Country

Country

Zip Country

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GAMAL-ELDIN, MOHAMED  
2525 PASADENA AVE S, STE E  
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
GAMAL-ELDIN, MOHAMED  
2525 PASADENA AVE S  
S PASADENA FL  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000686707  Change  Addition  
04/10/07-80010-014 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
NAME  
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STREET ADDRESS  
CITY- ST- ZIP  
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Gamal Eldin Mohamed Gamal EL DIN 3-27-07 427-360-706:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #