

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25758

FILED
Jul 14, 2008
Secretary of State

Entity Name: PASADENA DENTAL CARE, INC.

Current Principal Place of Business:

2526 PASADENA AVE S
SUITE E
SOUTH PASADENA, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

2525 PASADENA AVE. SOUTH
SUITE E
SOUTH PASADENA, FL 33707 US

New Mailing Address:

FEI Number: 59-3113683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMAL-ELDIN, MOHAMED
2525 PASADENA AVE S, STE E
ST PETERSBURG, FL 33707 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: D () Delete
Name: GAMAL-ELDIN, MOHAMED
Address: 2525 PASADENA AVE S
City-St-Zip: S PASADENA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAMAL-ELDIN, MOHAMED
Address: 2525 PASADENA AVE S
City-St-Zip: S PASADENA, FL 33707 US

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: MOHAMED GAMAL-ELDIN

DR

07/14/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date