

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V25758

**FILED**  
**May 09, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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: MOHAMED GAMAL-ELDIN

DR

05/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date