

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088963

Entity Name: ICARE DENTAL, INC

Current Principal Place of Business:

4058 SANDERLING LANE
WESTON, FL 33331

Current Mailing Address:

4058 SANDERLING LANE
WESTON, FL 33331 BR

FEI Number: 27-3790372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNN, BRIAN
TWO SO. UNIVERSITY DR
STE 215
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title P
Name LASKA, MARIO
Address 4058 SANDERLING LANE
City-State-Zip: WESTON FL 33331

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: MARIO LASKA

OWNER

05/09/2014

Electronic Signature of Signing Officer/Director Detail

Date