

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000073636

**Entity Name:** ORACARE DENTAL, P.A.

**Current Principal Place of Business:**

ORACARE DENTAL, P.A.  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771

**Current Mailing Address:**

ORACARE DENTAL, P.A.  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771 US

**FEI Number:** 59-3215728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHETH, JITEN J. BDS  
320 LEXINGTON GREEN LN  
SANFORD, FL 32771 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            SHETH, JITEN J.  
Address        320 LEXINGTON GREEN LN  
City-State-Zip: SANFORD FL 32771

*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:** JITEN J. SHETH

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date