2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601968

Entity Name: FREDERICK L. WALTERS D.D.S., P.A.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2655 E. OAKLAND PARK BLVD. 4721 BAYVIEW DRIVE

SUITE #6 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

2655 E. OAKLAND PARK BLVD. 4721 BAYVIEW DRIVE

SUITE #6 FT. LAUDERDALE, FL 33308
FT. LAUDERDALE, FL 33306

FEI Number: 59-1290107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALTERS, FREDERICK L DDS

2655 E OAKLAND PARK BLVD

4721 BAYVIEW DRIVE

FORT LAUDEDDALE EL 22208 LIS

SUITE #6 FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33306 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: WALTERS, FREDERICK L D.D.S. WALTERS, FREDERICK L D.D.S. Name: Name: 2655 E. OAKLAND PARK BLVD. Address: 4721 BAYVIEW DRIVE Address: City-St-Zip: FT. LAUDERDALE, FL 33306 City-St-Zip: FT. LAUDERDALE, FL 33308

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: FREDERICK L. WALTERS, DDS, PA PSTD 04/30/2008