√ 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # F70347 1. Entity Name IMBRIALE & CALABRESE, D.D.S., P.A.				Secretary of State
961 UNIVERSITY DR	Aailing Address 961 UNIVERSITY DR CORAL SPRINGS, FL 33071	US		
6. Name and Address of Current Region IMBRIALE, JOSEPH M DDS 961 UNIVERSITY DR		CE	03072005 4. FEI Numb 59-218 5. Certificate	No Chg-P CR2E034 (10/03) Therefore Applied For Not Applicable of Status Desired S8.75 Additional Fee Required NOT WRITE
IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ncing \$5.	.00 May Be U00000326574 04/25/05-80003-003 150.00	
TITLE VSD CALABRESE, RICHARD M STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 00000, TITLE PTD IMBRIALE, JOSEPH M STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PT., FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CIORS			NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true.	and accurate and that my signated to execute this report as required to execute this report as required to the contract of the	ure shall have the s	amo lanal offor	(1), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears In Block 10 or Block 11 if

4-20-05