2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# K08428

Entity Name: FAMILY DENTAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

10627 RIVERCREST DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

3410 HENDERSON BLVD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2866691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAVOUKLIS, MICHAEL N.
3410 HENDERSON BLVD
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAVOUKLIS, NICHOLAS, M.
Address: 2433 WEST PROSPECT ROAD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICHOLAS M. KAVOUKLIS, DMD PRES 01/29/2004

Electronic Signature of Signing Officer or Director — Date