2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000081698

Entity Name: THE DENTAL CENTER OF OCALA, P.A.

Current Principal Place of Business:

1500 SE 17TH ST
BLDG 400
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1 S. SCHOOL AVE
SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-1035483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, T WENDELL
1 S. SCHOOL AVE, STE 1000
SARASOTA, FL 34237

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: WILLIS, T. WENDELL
Address: 1 S. SCHOOL AVE #1000
City-St-Zip: SARASOTA, FL 34237

Title: T ( ) Delete
Name: NICHOLS, DAVID
Address: 1 S. SCHOOL AVE #1000
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: T. WENDELL WILLIS D 04/30/2004

Electronic Signature of Signing Officer or Director — Date