2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# P01000002178

Entity Name: DENTAL POWER OF FLORIDA, INC.

Current Principal Place of Business:

3410 HENDERSON BLVD
STE 100
TAMPA, FL 33609

New Principal Place of Business:

4010 W STATE STREET
TAMPA, FL 33609

Current Mailing Address:

3410 HENDERSON BLVD
STE 100
TAMPA, FL 33609

New Mailing Address:

4010 W STATE STREET
TAMPA, FL 33609

FEI Number: 58-2591296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAVOUKLIS, NICHOLAS M
3410 HENDERSON BLVD
STE 100
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KAVOUKLIS, NICHOLAS M
4010 W STATE STREET
TAMPA, FL 33609 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: NICHOLAS M KAVOUKLIS 03/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KAVOUKLIS, NICHOLAS M
Address: 3410 HENDERSON BLVD STE 100
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: KAVOUKLIS, NICHOLAS M
Address: 4010 W STATE STREET
City-St-Zip: TAMPA, FL 33609

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: NICHOLAS M KAVOUKLIS PRES 03/24/2008
Electronic Signature of Signing Officer or Director Date