2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000015015

Entity Name: ALL SMILES DENTAL CENTER, P.A.

Current Principal Place of Business:

1147 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

7990 BAYMEADOWS ROAD E. #128
JACKSONVILLE, FL 32256

New Mailing Address:

1147 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

FEI Number: 57-1149557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, MARQUINEZ, P.A.
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217 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: P ( ) Delete
Name: SAYAF, KONSTANTINE
Address: 7990 BAYMEADOWS RD. E. #128
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change ( ) Addition
Name: SAYAF, KONSTANTINE
Address: 321LOMBARDY LOOP NORTH
City-St-Zip: JACKSONVILLE, FL 32259

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: KONSTANTINE SAYAF DR. 04/15/2009

Electronic Signature of Signing Officer or Director — Date