2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P03000061343

Entity Name: RACHELLE A. DERMODY, D.M.D., P.A.

Current Principal Place of Business:

1100 S.W. ST LUCIE WEST BLVD
SUITE 206
PORT ST LUCIE, FL 34986

New Principal Place of Business:

441 SW BETHANY DRIVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

1100 S.W. ST LUCIE WEST BLDV
SUITE 206
PORT ST LUCIE, FL 34986

New Mailing Address:

441 SW BETHANY DRIVE
PORT ST LUCIE, FL 34986

FEI Number: 56-2373149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A
979 BEACHLAND BLVD
VERO BEACH, FL 32963 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: DR ( ) Delete
Name: DERMODY, RACHELLE A DMD
Address: 1100 S.W. ST LUCIE WEST BLVD SUITE 206
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DR ( ) Delete
Name: DERMODY, CHRISTOPHER M DMD
Address: 1100 S.W. ST LUCIE WEST BLVD SUITE 206
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: DERMODY, RACHELLE A DMD
Address: 441 SW BETHANY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DR (X) Change ( ) Addition
Name: DERMODY, CHRISTOPHER M DMD
Address: 441 SW BETHANY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

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: RACHELLE A. DERMODY DR. 01/04/2008

Electronic Signature of Signing Officer or Director — Date