2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P04000124727

Entity Name: ATRIA DENTAL HEALTH CENTER, P.A.

Current Principal Place of Business:

1851 NW 125 AVE STE 170
PEMBROKE PINES, FL 33028

New Principal Place of Business:

18503 PINES BLVD
SUITE #208
PEMBROKE PINES, FL 33029

Current Mailing Address:

1851 NW 125 AVE STE 170
PEMBROKE PINES, FL 33028

New Mailing Address:

18503 PINES BLVD
SUITE # 208
PEMBROKE PINES, FL 33029

FEI Number: 20-1596826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLEIN, BRENT D
701 BRICKEL AVENUE
#1900
MIAMI, FL 33131 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: ERRO, JUAN C
Address: 1851 NW 125 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: SOOTIN, JOHN V
Address: 1851 NW 125 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ERRO, JUAN C
Address: 18503 PINES BLVD SUITE 208
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change ( ) Addition
Name: SOOTIN, JOHN V
Address: 18503 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN C ERRO JCE 01/22/2007

Electronic Signature of Signing Officer or Director — Date