2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 17, 2007
Secretary of State

DOCUMENT# P04000124727

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

Current Principal Place of Business:

18503 PINES BLVD
SUITE #208
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18503 PINES BLVD
SUITE # 208
PEMBROKE PINES, FL 33029

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SOOTIN, JOHN V
Address: 18503 PINES BLVD SUITE 208
City-St-Zip: PEMBROKE PINES, FL 33029

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

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: JCE JCE 05/17/2007

Electronic Signature of Signing Officer or Director — Date