2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# P06000042162

Entity Name: DEIRDRE M. CAMPBELL, D.M.D., P.A.

Current Principal Place of Business:

4447 CAMINO REAL WAY
FT MYERS, FL 33912

New Principal Place of Business:

4447 CAMINO REAL WAY
FT MYERS, FL 33966

Current Mailing Address:

4447 CAMINO REAL WAY
FT MYERS, FL 33912

New Mailing Address:

4447 CAMINO REAL WAY
FT MYERS, FL 33966

FEI Number: 20-4592436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVENAGO, CARLOS J III,ESQ
14581 GLEN COVE DR UNIT 1101
FT MYERS, FL 33919 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: PCEO ( ) Delete
Name: CAMPBELL, DEIRDRE M
Address: 14327 REFLECTION LAKES DR
City-St-Zip: FT MYERS, FL 33907

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: CAMPBELL CATLIN, DEIRDRE
Address: 825 CYPRESS LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: MGR ( ) Change (X) Addition
Name: CATLIN, JAREN O DMD
Address: 825 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

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: JAREN CATLIN DMD MGR 01/31/2008

Electronic Signature of Signing Officer or Director — Date