2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# P07000032926

Entity Name: OAKLEAF DENTAL, P.A.

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD 104
JACKSONVILLE, FL 32244

New Principal Place of Business:

7855 ARGYLE FOREST BLVD
104
JACKSONVILLE, FL 32244

Current Mailing Address:

7855 ARGYLE FOREST BLVD 104
JACKSONVILLE, FL 32244

New Mailing Address:

7855 ARGYLE FOREST BLVD
104
JACKSONVILLE, FL 32244

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

Name and Address of Current Registered Agent:

TRAN, VIVIENNE DR
7855 ARGYLE FOREST BLVD 104
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

TRAN, VIVIENNE DR
7855 ARGYLE FOREST BLVD
104
JACKSONVILLE, FL 32244 US

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: 01/13/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRAN, VIVIENNE DR
Address: 7855 ARGYLE FOREST BLVD 104
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VIVIENNE TRAN P 01/13/2008
Electronic Signature of Signing Officer or Director — Date