2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041910

Entity Name: DADELAND DENTAL SPECIALTY GROUP, P.A.

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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7400 NORTH KENDALL DRIVE, SUITE 606 7400 NORTH KENDALL DRIVE. MIAMI, FL 33156

SUITE 806 MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

.2515 NORTH KENDALL DRIVE, SUITE 406 13195 SW 134 ST MIAMI, FL 33186 2ND FLOOR

MIAMI, FL 33186

FEI Number: 26-2475282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOBER, MELVYN S D.D.S. 12515 NORTH KENDALL DRIVE, SUITE 406

MIAMI, FL 33186 US GOBER, MELVYN S D.D.S. 13195 SW 134 ST 2ND FLOOR MIAMI, FL 33186 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: 02/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change (X) Addition () Delete Title:

GOBER, MELVYN S DDS Name: Name: Address: 13195 SW 134 ST Address: City-St-Zip: City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER, DDS CEO 02/24/2009