2004 FOR PROFIT CORPORATION

Aug 09, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P99000080313** 1. Entity Name CARTER WALLER, D.M.D., P.A. Principal Place of Business Mailing Address 318 PLAZA REAL 490 WIGET LANE BOCA RATON, FL 33432 WALNUT CREEK, CA 94598 08032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1557321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 73 Fee Required 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulaed when reinstating) 08/09/04-80011-003 550.00 FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE WALLER, CARTER NAME STREET ADDRESS 318 PLAZA REAL CITY ST-ZIP BOCA RATON, FL 33432 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1]9.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an endiness, with all other like empowered.

SIGNATURE:

THE NAME. STREET ADDRESS CITY-ST-ZIP

FILED