2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2014
Secretary of State
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Entity Name: COSMETIC & IMPLANT DENTISTRY OF NAPLES, P.A.

Current Principal Place of Business:

5390 PARK CENTRAL CT
NAPLES, FL 34109

Current Mailing Address:

5390 PARK CENTRAL CT
NAPLES, FL 34109 US

FEI Number: 59-1745406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, WILLIAM N DR.
5390 PARK CENTRAL CT
NAPLES, FL 34109 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: DR. WILLIAM N. SULLIVAN 03/29/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	S
Name	SULLIVAN, WILLIAM N DR.	Name	SULLIVAN, JENNIFER L
Address	5390 PARK CENTRAL CT	Address	5390 PARK CENTRAL CT
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM N SULLIVAN, DDS PRESIDENT 03/29/2014

Electronic Signature of Signing Officer/Director Detail — Date