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. 01/11/2013

DP

SIGNATURE: GILBERT JACOBSON

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601362

Entity Name: GILBERT JACOBSON, D.D.S. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

1048 KANE CONCOURSE BAY HARBOR ISLANDS. FL 33154

Current Mailing Address:

1048 KANE CONCOURSE BAY HARBOR ISLANDS. FL 33154

FEI Number: 59-1269795

Name and Address of Current Registered Agent:

JACOBSON, GILBERT 3700 ISLAND BLVD. #C-305 AVENTURA, FL 33160 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | DP |
|-----------------|---------------------|
| Name | JACOBSON,GILBERT |
| Address | 1048 KANE CONCOURSE |
| City-State-Zip: | BAY HARBOR ISLD FL |

Date

Certificate of Status Desired: No

FILED Jan 11, 2013 Secretary of State CC8172485294

Date