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: BURAK TASKONAK

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/29/2014

Officer/Director Detail :

Title Р TASKONAK, BURAK Name 916 SE 5TH COURT Address

SIGNATURE: DAVID J ISELBORN

City-State-Zip: FORT LAUDERDALE, FL 33415

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000103813

Entity Name: ACADEMIA DENTAL OF CORAL SPRINGS P.A.

Current Principal Place of Business:

2801 NORTH UNIVERSITY DRIVE SUITE 202 CORAL SPRINGS, FL 33065

Current Mailing Address:

2801 NORTH UNIVERSITY DRIVE SUITE 202 CORAL SPRINGS, FL 33065 US

FEI Number: 45-3993180

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DAVID J ISELBORN CPA PA 3117 SEBRING COURT JACKSONVILLE, FL 32223 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.

Certificate of Status Desired: No

01/29/2014 Date

FILED Jan 29, 2014 Secretary of State CC8709548101

Date