2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State **DOCUMENT # 496646** DR. HOWARD M. DAVIS, D.D.S., P.A. Principal Place of Business Mailing Address 960 ARTHUR GODFREY ROAD 960 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 03282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1644638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MIRMELLI, STEWART DO NOT WRITE 930 WASHINGTON AVE., 3RD FLOOR INTERCONTINENTAL BANK BLDG IN THIS SPACE MIAMI BCH, FL 33139 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000284918 DAVIS, HOWARD M. NAME 04/02/05-80024-020 150.00 STREET ADDRESS 960 ARTHUR GODFREY RD312 CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.29.05 3.5672284