2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 648835

Entity Name: BRUCE M. MAHAFFEY, D.M.D. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

8805 S W 144 STREET
PALMETTO BAY, FL 33176

New Principal Place of Business:

8805 S W 144 STREET
PALMETTO BAY, FL 33156-632

Current Mailing Address:

970 LUGO AVE
MIAMI, FL 33156

New Mailing Address:

970 LUGO AVENUE
CORAL GABLES, FL 33156-632

FEI Number: 59-1957755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHAFFEY, BRUCE M
8805 S.W. 144 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MAHAFFEY, BRUCE M
970 LUGO AVENUE
CORAL GABLES, FL 33156-632 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: 01/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PV ( ) Delete
Name: MAHAFFEY, BRUCE M,
Address: 8805 S W 144 ST
City-St-Zip: PALMETTO BAY, FL 33176

Title: STD ( ) Delete
Name: MAHAFFEY, BRUCE M,
Address: 8805 S W 144 ST
City-St-Zip: PALMETTO BAY, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition
Name: MAHAFFEY, BRUCE M,
Address: 8805 S W 144 ST
City-St-Zip: PALMETTO BAY, FL 33156-632 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE M. MAHAFFEY, D.M.D. DR. 01/13/2009
Electronic Signature of Signing Officer or Director — Date