2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 28, 2008 08:00 AN Secretary of State **DOCUMENT # 687429** 1. Entity Name RONALD M. HAGEN, D.D.S., P.A. Principal Place of Business Mailing Artaress 8257 S DIXIE HIGHWAY 8257 S DIXIE HIGHWAY **MIAMI FL 33143** MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aut. #. etc. Suite Apt # etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-2039994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAGEN, RONALD MARK DDS Street Address (P.O. Box Number is Not Acceptable) 8257 S DIXIE HIGHWAY DIXIE POINTE CENTER MIAMI FL 33143 City Zip Code 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. Signature, typed or crimted name of registered rigent unit title. I timpi cable, (NOTE: Registered Agon) alignature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change Addition NAME HAGEN, RONALD MARK NAME STREET ADDRESS 8257 S DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP <u> H60000087944</u> TITLE ☐ Delete TITLE 04/10/08-80078-00**2** CMM6.05 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP TITLE Derete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 101LE ☐ Dalete HEE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THEF ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SY-2IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or trustee emplowered 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 employered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 30566744